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LECTURES
ON
COMPARATIVE ANATOMY AND ANIMAL PHYSIOLOGY,

DELIVERED BY

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LECTURE XLVI.

ON THE CHYLIFEROUS SYSTEM IN THE VERTEBRATED CLASSES.

IN the lowest tribes of animals the assimilation of foreign matter is comparatively a simple process, and is effected by the simplest means. There are few chemical constituents in their food, and few in the textures into which that food is to be converted. The same membranous sac which receives and digests the food, transmits the assimilated portion through its parietes to form a part of the general cellular tissue of the body. In tracing the forms of this digestive sac throughout the animal kingdom, we have seen it to become more lengthened and complicated, more exquisitely organized and divided into distinct parts, as we ascend in the scale; cæca are extended from its sides, numerous distinct glandular organs become developed from its parietes, and a circulating system of vessels which convey the nutritious product of digestion from the alimentary canal to all parts of the system becomes gradually isolated, and forms the sanguiferous system. The materials of the sanguiferous system are received from the digestive organs, directly by the veins in the invertebrated classes of animals; but in the higher classes of animals constituting the vertebrated division, there is a separate system of vessels, still intimately connected with the venous system, developed for the conveyance of the nutritious matter into the complicated hydraulic apparatus destined to convey it throughout the system. The fluid which those vessels take up, being, in the highest class of vertebrated animals, most frequently opaque and of a whitish colour, has received the name of chyle or lacteal fluid; and the vessels and glands through which it passes in its way to the blood, form the lacteal or the chyliferous system.

Now this system, though most limited in its distribution, manifests the same succession of stages, the same successive degrees of development, in ascending through the classes of animals in which it exists, as we observe in most other distinct systems of the economy. In order to perceive, however, the nature of its development, it is necessary, of course, to examine the component parts of this system, that we may see in what parts it is capable of evincing different degrees of development, and higher stages of organization.

The fluid resembling the white blood of invertebrata, which is conveyed from the alimentary canal into the circulating mass, varies in its properties, physical and chemical, in different tribes of animals, and in the same animal, according to the difference of the kind of food on which it subsists. It is observed that in the higher vertebrated classes the food which has undergone the usual change in the alimentary canal, and which has been fully acted upon by fluids poured into that canal, exhibits numerous globular bodies, like blood-globules, floating throughout its thinner parts. Those globular particles, similar in size and appearance to those composing the fibrinous part of the blood, seems to form a principal constituent of the nutritious part of the chyme, the chyle, and that which is chiefly taken up by the lacteal vessels. When the chyle, however, of the mammalia is examined after coagulation, it is found to resolve itself into a fibrinous

crassamentum of a slightly reddish hue, and which is most abundant in flesh-eating or carnivorous animals; a thin serous fluid, like that of the blood, which is most abundant in the lowest and the most impoverished or vegetable-eating animals; and a lighter substance, of a white, opaque, and fatty nature, which is found in greatest proportion in the highest animals, and when they feed on substances having that character. There is thus a similarity in the conditions presented by the chyle in the vertebrated classes, and the conditions of the white blood which circulates through the vessels of the invertebrata, where it is more thin and serous in the lowest tribes, and more fibrinous and coagulable in the classes nearest to the vertebrata. The substances composing the chyle are intimately mingled together in passing through the chyliferous vessels, but are not known to be aided in their progress through those vessels by pulsating cavities, as have been shown in the lymphatic system by Panizza and by Muller. Their proportions vary, not only according to the kind of food, but likewise very much according to the class of animals in which we examine that fluid.

In that class of animals which feeds upon the highest of organized substances, the class mammalia, the chyle exhibits greater opacity and whiteness of colour, and contains the greatest abundance, both of the fibrinous part and of the floating fatty crust, and is altogether most nearly allied in its nature to red blood. It is observed also, that in the same animal which exhibits this form of the chyle, as its healthy condition, when the food is of a nutritious quality, the opaque parts of the chyle diminish, and it assumes a more limpid, translucent, and colourless appearance. Those mammiferous animals which feed upon less-highly organized matter, have the chyle in this translucent and limpid condition like that of inferior vertebrated classes; so that there is a kind of development manifested, even in the properties of this fluid itself, as we ascend from the transparent, colourless, and limpid chyle of fishes, to that opaque, thick, white, and blood-like fluid which is commonly contained in the chyliferous vessels of the higher mammalia.

The vessels which convey this more highly elaborated portion of the chyme—this chyle—into the blood, exhibit a very simple structure even in the highest animals. They present two coats, which are easily separable from each other in the mammalia. The inner coat is a thin, smooth, serous membrane, which by extending more or less inwards into the interior of the lacteal vessels, produces those crescentic or semilunar valves, so numerous and complete in the higher animals, which serve to keep the contained fluid constantly in one direction in its motions. The valves are semilunar folds, so situate as to prevent the chyle from returning backwards into the intestinal canal, and to assist in its motion forwards to the venous system. The coat which is found exterior to this internal layer, is a tough, thin, fibrous coat; but it does not appear to possess irritability, or it does not manifest those contractions which have been shown in the lymphatic hearts, by Panizza and Muller, in several classes of vertebrata, in amphibia, in reptiles, and in birds. It is a coat, however, which is much more dense and tough in its texture than that thinner serous membrane which lines the lacteal vessels; indeed it is a coat of such considerable density and toughness, that although the lacteals are artificially distended to a great degree, it allows of this distention with heavy mercury without their bursting.

Now when we examine these delicate chyliferous vessels in the lowest of the vertebrated classes, we find that their whole structure and disposition manifest an inferior degree of development. They are much fewer in number in fishes; upon the intestine and between the folds of the mesentery, they contain a colourless thin chyle without fatty matter and with little fibrinous portion. We cannot separate the tunic which forms the lacteal vessels of fishes into two distinct coats; they appear to be composed of a simple membrane, and that membrane does not extend into the interior to form complete semilunar valves, which are so obvious and so numerous in the mammalia, but here only forms the parietes of a smooth and uniform tube, almost without a trace of valvular structure, except where the great lacteal trunks enter the venous system, at which place there are almost always valves to prevent the entrance of venous blood into the lacteal trunks.

The system of vessels appears, so far as has yet been accurately ascertained, to be confined to the vertebrated classes of animals. It is true that vessels have been often observed in the invertebrated classes of animals which, from the transparency and colourless nature of the blood they convey, were in former times regarded as lacteal vessels, as on the mesentery of the echinus described by Monro, in the larvæ of insects by Sheldon, and in other invertebrata. The condition of the circulating blood in the invertebrated animals, with regard to its resemblance to chyle and the extreme delicacy of the vessels, renders it difficult to distinguish different

sets of vessels from each other, even if lacteals and lymphatics did exist in them along with their sanguiferous vessels. It is easy in red-blooded animals to observe, spreading upon the intestine, or between the folds of the mesentery, numerous plexuses of delicate minute vessels, closely interwoven, and forming minute meshes, conveying an opaque, a white, or a colourless fluid, and, passing through mesenteric glands, and to distinguish them from the larger regularly ramified arteries or veins, containing a red blood, which accompany them.

In the class of fishes we already observe lymphatic vessels spread over all parts of the body, both the superficial and deep-seated; and which, indeed, are so obvious in many of the larger fishes, that they were early observed by Monro, Hewson, Fohmann, Meckel, and others, who examined their structure, injected them with water, or with mercury, inflated them with air, and showed in various modes their simple structure, of a single very thin tunic, their want of valves, excepting where they enter into veins, where there are generally valves, and their extensive distribution, particularly over the superficial parts of the body. Lacteal vessels are also found spreading on the small intestine and mesentery in most fishes which have been examined with this view. The lymphatic vessels have been found in this, as in higher classes of animals, to have the freest communication with the venous system. In fishes, the lacteal vessels are spread in two layers, consisting of numerous reticulate plexuses between the mucous and muscular coats, and between the muscular and serous coats of the intestine. Those vessels unite into larger and larger trunks, which pass on, often forming anastomoses and plexuses in their course, but without traversing mesenteric glands, to terminate in one or two great receptacula chyli, from which proceed two thoracic ducts, often anastomosing together, that convey their contents into the venous system. In the interior of those vessels, as is seen by injecting them, or in opening them and inflating them upon the surface, they are destitute of the internal layers which constitute the valves in the highest class; but they yet present a sacculated or beaded appearance when injected, from numerous small constrictions like rudimentary valves.

In the region of the mesenteric glands, these conglobate organs of doubtful function have not been distinctly seen in any fishes, but two or three small lenticular glandular bodies have been observed in some fishes as high as the œsophagus, which have been regarded as mesenteric glands; but it has not been shown that even those few are to be considered as the commencement of the development of the mesenteric glands in the vertebrata. They are regarded by Meckel as rather analogous to the thymus of higher animals.

Although the valves are wanting in the chyliferous vessels of fishes throughout their course, from the mucous membrane of the intestine to their termination in the veins, there are, for the most part, seen at the termination of the lacteal trunks in the veins, small folds that serve the purpose of valves in that situation, to prevent the entrance of blood into the open lacteals. The two lacteal trunks or thoracic ducts receive all the lymphatics from the head and the anterior parts of the body before opening into the veins, and they form by their union considerable plexuses. The lacteals closely accompany the blood-vessels along the mesentery, and come from the small intestine. The lacteals, from the intestine, and the lymphatic vessels from the posterior parts of the trunk, generally enter the receptaculum, after uniting to form two great trunks. The receptaculum chyli, whether single or double, is proportionally very large in fishes, and even where the thoracic duct comes single from this reservoir, it generally divides into two trunks, which pass forwards, communicating by numerous anastomosing lateral branches, to terminate in the branches of the anterior cava, or sometimes in the interior jugular veins. Although the mesenteric glands are not yet developed in fishes, as was shown long since by Monro and by Hewson, there are already numerous rudimentary glands, formed on the lymphatic system by convoluted plexuses of those vessels.

Although the lacteal and the lymphatic vessels pour their contents into the same trunks, the function of those two systems of vessels is altogether different. The lacteals take up and convey, and still further elaborate, the chyle which is to replenish the blood and the whole system; but the lymphatics take up the decayed materials of the body, and convey them to the circulating fluid, that they may be more quickly thrown from the system by the urinary, perspiratory, or other excretions. The lacteals or chyliferous vessels might as well be considered veins as lymphatics, because they all terminate in veins. Throughout all the vertebrata there is an extensive direct communication, both between lacteals and veins, and between lymphatics and veins; but the open orifices on the surface of fishes, which have been considered as the mouths of lymphatics, are, more probably,

mere cutaneous glandular follicles. In the eel, and some other osseous fishes, a lacteal branch from each of the two thoracic ducts has been observed to pass on to the gills, along with the branchial artery, and after spreading on the respiratory organ, to return its aerated contents, with the other lacteals, into the jugular veins.

The lacteal and lymphatic systems of the amphibia have recently excited much interest from the discoveries of PANIZZA of Pavia, and of MULLER of Bonn, of certain pulsating sacs met with on the trunks of this system, by which the contained chyle and lymph are propelled into the venous system. The lymphatics are very abundant under the soft skin of these animals, and exterior to the muscular system, and the lymph can easily be obtained from these numerous large subcutaneous lymphatics, which presents the usual thin colourless appearance of the contents of those vessels. It is known that in the higher animals the lacteals continue to take up chyle long after the circulation of the blood has ceased, and it is found that the lymphatic pulsating sacs of amphibia continue to contract after the heart has been removed, and the animals are cut to pieces. Their motions have no relation to those of the sanguiferous or of the respiratory systems. In the frogs, in the salamanders, and some other genera, the lymphatic system is developed to a degree that at present appears anomalous. The lymphatic vessels abound over the surface and in the interior of those naked and thin-skinned animals, as they do in fishes, excepting in the lowest cartilaginous species, where they have never been seen. Lately, there have been discovered by PANIZZA, of Pavia, pulsating vessels on the lymphatics of amphibia, reptiles, and birds; and also MULLER, in Germany, has discovered upon the lymphatic system of the common frog two pairs of these pulsating sacs, which he compares to hearts upon this vascular system,—one pair in the region of the anus, beneath the skin, upon each side of the free end of the coccyx; and another pair on the upper part of the transverse processes of the third cervical vertebra, one lymphatic heart upon each side. They are seen pulsating through the skin. They appear destined to receive the fluids contained in the lymphatic vessels, and to propel them into the venous system. The posterior hearts receive the lymph from the legs and posterior parts of the trunk, and propel it into the ischiatic veins, to be thence circulated both through the kidneys and through the liver, with the venous blood of those parts, as shown by JACOBSON. The anterior two lymphatic hearts receive the lymph from the anterior parts of the trunk and arms and alimentary canal, and convey it into the neighbouring jugular veins. The pulsations of these cellular lymphatic sacs, situate under the posterior edge of the scapulæ, and at the end of the transverse processes of the third cervical vertebra, in the common frog, affect the branches of the jugular veins, with which they are intimately connected, and which were formerly imagined to be pulsating arteries, which continued to manifest their independent irritability after the removal of the heart. These pulsating lymphatic organs have a sacculated external appearance, and a cellular internal structure, they are provided with valves at the entrances of the lymphatic vessels, and they freely communicate with each other on the two sides of the body by means of anastomosing lymphatic vessels.

Those remarkable pulsating cavities have been seen in frogs, in toads, in salamanders, and in lizards and serpents, and even in birds, by PANIZZA. The lacteal vessels of those amphibious animals contain a colourless lympid fluid, spread numerously upon the extended mesentery of their lengthened alimentary canal, accompanying the trunks of the bloodvessels. They ramify in two layers, as in fishes, upon the parietes of the alimentary canal, anastomose, and form plexuses, but no conglobate glands, upon the mesentery, and end in two principal trunks that convey their contents along the two sides of the vertebral column.

In the class of reptiles, the chyliferous vessels manifest a more elevated stage of development, chiefly in the formation of the valves on the principal trunks and branches. It is indeed on this class of animals that we are accustomed, from the facility of injecting them, to experiment upon the structure, the distribution, and the forms of those chyliferous vessels, especially in the turtles and the tortoises. They are observed still without mesenteric glands in the serpents, in the saurian reptiles, and in the chelonia. They appear to exist in the simplest form, with regard to their structure and their limpid contents, in the ophidian reptiles, and in the lizards. In the crocodilian reptiles, however, which feed upon the highest forms of animal food, which approach so near to the mammalia in many of their most important parts and characters, it has long been observed that the chyle has a milky white opaque colour, like that which it presents in the class of quadrupeds, and that it no longer exhibits that transparent, colourless, and limpid condition, which it presents in inferior classes. The valves in

this class have become more distinctly developed, especially in the chelonia, not only at the terminations of the trunks of the lacteal vessels and the lymphatics in veins, but also throughout nearly the whole course of the trunks and branches of those vessels. Those valves, however, are still so imperfectly developed in the reptiles, as to allow injections thrown into the trunks of the lacteals, to pass through the minute branches, against the direction of the valves. It is on this account, as well as from the numbers, the size, and the extensive distribution of the chyliferous vessels in these vegetable-eating chelonian reptiles, that the animals of that order have been chiefly selected by anatomists for making preparations of the lacteal vessels for their cabinets. The facility of injecting them with mercury against the direction of the valves, allows the preparations to be injected to a great degree of minuteness, but from this very circumstance they are more difficult to preserve when injected and dried. Those valves extending inwards, continuous with the internal layer of the chyliferous vessels, which begins to be more distinct, assist in giving direction to the motion of the chyle, without completely preventing its return backwards into the intestine, if it were to be forced in that direction. It is carried forwards in the vessels by the *vis a tergo*, and by the motions of all the viscera. By compressing the intestines with the hand, on opening the two thoracic ducts, which we generally find in the voracious feeding season, conveying much chyle into the venous system of these animals, we can press forwards a considerable quantity of the chyle into the trunks, from the parietes of the intestine, from the mesentery, and from the ducts. The great length of the small intestine, and the coarse vegetable nature of the food of the chelonia, give occasion for the numerous large lacteal vessels which we find spread on their intestine and mesentery. The place of distinct mesenteric glands is still supplied here, as in the inferior classes of vertebrata, by numerous complicated net-works of lacteal vessels, formed in different parts of their course; and here, as in fishes, we find, again, two or more ducts passing forwards from a single wide receptaculum. These thoracic or lacteal ducts form numerous free anastomoses with each other in their course forwards to the neck, and they accompany the left branch of the aorta forwards, from the wide *receptaculum chyli* to the anterior part of the trunk, where they pour their contents into the jugular or subclavian veins, or into the angle between these vessels. Before entering the veins, these ducts receive the lymphatic trunks from the head and arms. The lacteal vessels of the chelonia, coming from the outer and inner series of these vessels, spread on the small intestine, unite together, and form considerable trunks, which pass along the mesentery in close proximity generally to the branches of the mesenteric bloodvessels. When the thoracic duct of the tortoise is inflated with the blowpipe, it distends so much as to surround the aorta with its inflated anastomosing trunks, and to conceal that vessel, as shown in these splendid plates of Bojanus. It was Tiedemann's opinion, that all the lacteal vessels from the intestine of these animals pass through the spleen on their way to the wide and distensible thoracic duct; and Meckel indeed considered the spleen but as a lymphatic gland, like the thymus and some others. Panizza has observed a pulsating small vesicle, or heart, on the trunks of the lymphatics, coming from the posterior portion of the body to the thoracic duct in the *coluber flavescens* among the serpents; and Muller has shown the same pulsating lymphatic hearts under the skin on each side of the root of the tail, on the exterior of the iliac bones, in the common green lizard among the saurian reptiles.

The inferiority of the lacteal or chyliferous system of birds to that of quadrupeds, is seen even in the chyle, which is still, as in the inferior tribes of vertebrata, colourless, transparent, and limpid. The lacteal vessels are here more obvious, however, and are spread in greater numbers in the usual two layers of vessels or the coats of the intestines, the inner layer between the mucous and the muscular coats, and the outer layer between the muscular and the peritoneal coats. These vessels, after collecting and anastomosing, form numerous plexuses on the mesentery, as in reptiles, the substitutes for the mesenteric glands of mammalia, and then pass on from this into two thoracic ducts, which you thus observe is the most frequent mode of distribution of the chyliferous system in the inferior classes of vertebrata. These two ordinary thoracic ducts form a structure which is met with in man but rarely, and in him constitutes an anomalous structure, —this duplicity of the thoracic duct. But cases of this kind, corresponding with the ordinary structure in inferior classes have been occasionally met with in our species. The thoracic duct is sometimes found double in the human body, one upon each side, and those passing forward separately, to terminate one in each of the subclavian veins.

The coats of the lacteals are still very

thin and distensible in birds, and their valves, which are more abundant on the trunks and branches than in reptiles, are still so incomplete as to allow injections to pass against their direction. Although the mesenteric glands are not yet developed on the lacteals, it was long since shown by Hewson, and Tiedemann, and Fohmann, and Lauth, that there are several conglobate glands already formed on the large lymphatics of the neck of birds, and Fohmann showed that those vessels abound everywhere of great size over the extremities and trunk of these animals, and that they have everywhere the freest communication with the veins, by opening directly into them in all parts of the body, especially in the legs and pelvis. Panizza has observed pulsating sacral lymphatic sacs or hearts in birds, as well as in serpents and amphibia, but not in the chelonia. In several birds Fohmann observed a lacteal trunk to pass from the intestine on to the renal plexus to be distributed on the kidneys. The mercury he observed sometimes to pass directly from the lacteals on the intestine into the thoracic duct, without passing through any kind of glands or plexuses; other lacteals pass on to the renal plexuses, and the lymphatics of the lower extremities and posterior part of the trunk are chiefly sent into the sacral and renal veins, or to the plexus spread on the kidneys. The mercury sometimes passed from the lymphatics of the legs into the nearest venous branches, and thence into the renal veins. The thoracic ducts in birds terminate with the lymphatics, from the few lymphatic glands, sometimes entirely wanting, of the neck, in the angle formed by the junction of the jugular and subclavian veins,—the most frequent and the most convenient place near the heart for the termination of these vessels throughout the vertebrated classes.

The chyliferous system of mammalia, though more developed than that of all the inferior classes, is still an imperfect hydraulic apparatus compared with the sanguiferous. The chyliferous and the lymphatic systems, indeed, are mere appendices of the venous, performing the functions assigned to veins in the invertebrata, and serving as so many inlets for the component materials of the blood. They are two remnants of the white-blooded sanguiferous system of the invertebrated tribes, still on the march to a more isolated and complete development. No pulsating hearts have yet been detected in the lymphatic system of quadrupeds, nor has the slightest motion been perceived in any part of the lacteals or of the thoracic duct. From analogy we should most expect such motions in the mysterious, conglobate, lymphatic, and lacteal glands, the great reservoirs of these systems, and where they most frequently send their fluids into the venous system. The lacteal system of this class presents a superiority of development in the almost sanguineous condition of the chyle, in the complicated and elaborate structure and increased number of the vessels and their valves, in the development of the mesenteric glands, and in the concentration or unity of the thoracic duct. Both the lacteal and the lymphatic systems of mammalia are more isolated from the sanguiferous than in the inferior classes; the points of communication between these systems are more limited.

In the different orders of quadrupeds, however, the chyliferous system in all its parts manifests considerable variety in its degree of development. In the lowest tribes, which feed on vegetable substances, the chyle is less elaborated, less fibrinous, less highly animalized, less milky and opaque, contains less fatty matter, is more watery in its appearance, more limpid and colourless, and contains less globules, than in those higher tribes which feed upon more nutritious animal food. The lacteal vessels are, therefore, more obvious, without artificial injection, though not more numerous or larger in the higher mammalia, which feed upon animal substances, than in the lower divisions which feed upon vegetables.

The lacteal vessels in the mammalia present a complex structure at their commencement, at their orifices in the intestinal canal. They appear generally to terminate in the mucous coat of the intestine in very small prominent papillæ, which are seen with a lens to have a spongy cellular structure like erectile tissue. Upon these papillæ of cellular tissue innumerable extremely minute capillary bloodvessels, containing red blood, are observed; and over the surface of those prominent papillæ, as on the nipples of most mammalia, are seen numerous small pores; those pores appear to be the orifices of extremely minute capillary absorbing vessels, leading into the lacteals,—to be, in fact, the roots of the lacteal vessels. When once the fluid has reached the interior of the lacteal vessels, we can conceive the numerous motions to which they are subject from the surrounding parts, without being irritable themselves, to be able to force on that fluid, with the assistance of the valves and the *vis a tergo*, and by the constant peristaltic motions of the intestines. The pulsations of the great vessels in the cavity of the abdomen,

the compressions from the surrounding viscera, the direction of the valves and of the fluids moving in the lacteal vessels, all might assist in helping the fluid forward to the trunks of those vessels and the thoracic duct. The little semilunar valves here are so perfectly developed, that when we attempt to throw injections against them from the trunks to the branches, the thin and delicate parietes of those lacteal vessels will burst rather than the valves will allow the fluid to pass contrary to their direction. When those vessels are injected, which is done from their capillary extremity to their trunks, they always exhibit this knotted appearance. This is dependent upon the constriction of the vessels produced by the minute valves, or the small semilunar continuations of the inner coat which produced those valves, and prevents the distention of the vessels by the contained injection at those places to which the valves are attached.

The number and size of the mesenteric glands vary remarkably, as also does their mode of distribution between the folds of the mesentery in the mammalia. We often find them collected closely together into a large mass, and placed longitudinally at the base of attachment of the mesentery, forming what was denominated the *pancreas of Asellius*; while at other times, as in the quadrumana and man, and in the animals which most approach them in structure, they are small detached glands removed to different parts of the mesentery, connecting the small intestines with the vertebral column, where almost alone we find the chyliferous vessels are distributed.

We see the same increased development of glands on the lymphatic vessels of this highest class of vertebrated animals, and these lymphatics are more distinctly divided into a superficial and deep-seated layer on the muscular parts of the body than in the inferior classes. Although there is commonly but one thoracic duct conveying the lymph and chyle to the left subclavian or the left jugular vein, or to the angle formed by their union, it has been shown by Dupuytren that when this duct is tied in the living quadruped, the course of the fluids is continued to the subclavian by the enlargement of lateral anastomosing lymphatic vessels, which supply the place of the obliterated thoracic duct. The place of the receptaculum chyli is often supplied by a complicated plexus of lacteal and lymphatic trunks in the situation of the usual enlarged sac. At the entrance of the thoracic duct into the subclavian vein, there is a distinct valve to prevent the passage of venous blood into the duct. It has been calculated that six ounces of fluid per hour are conveyed by this duct into the venous system in the dog. The use of the conglobate mesenteric glands through which the lacteals pass, is still unknown, but there is a free communication between the lacteals and the veins in those glands; injections thrown into the lacteals will pass both directly forwards into the thoracic duct and into the veins in these glands. These mesenteric glands are firm in their texture, and of a reddish colour, from their high degree of vascularity, like the lymphatic glands. The lymphatic glands lie loose in the cellular tissue of the neck, the axillæ, the thighs, and the different parts of the trunk where they occur, like many other glands of more obvious use. These little round glandular bodies on the lacteals and lymphatics are enclosed each in its own enveloping membrane, but internally they appear to consist only of a congeries of these vessels, like a more concentrated form of the intricate plexuses which supply their place in lower animals. The communication of the lacteals with the veins in the mesenteric glands is so free, that in some quadrupeds, as the seal, the whole of the injection thrown into the branches of the lacteals has been seen to pass into the mesenteric glands, and thence into the mesenteric veins and the vena portæ, while no lacteals appeared to convey any part of it from the mesenteric glands into the thoracic duct. Almost the whole of the mesenteric glands belong to the mesentery of the small intestine, but few are seen on the mesocolon, and they are oftener separated from each other by a greater or less distance than collected into one mass. The mesenteric glands are enormously developed in the cetaceous mammalia. There are forty of these small round lenticular glands placed in a row along the mesentery in the middle part of the small intestine in the three-toed sloth. There are about the same number detached from each other on the small mesentery of the solidungulous pachyderma, and about ten very small glands on the mesocolon. In the hog tribe, they are more approximated into a group of about thirty; but in the ruminating quadrupeds there are only about sixteen smaller mesenteric glands, placed considerably apart from each other. The mesenteric glands of the small intestine in the *myrmecophaga tetradactyla* are collected together into a pancreas Asellii, and there are twenty smaller glands more than a line in diameter, placed at a distance from each other along the mesocolon. In the armadillo and in the mole, and in the

nasua or coati-mondi, they are collected together into a mass; in the hyrax they are a little separate, and in the manis they are at a distance from each other; but in the rodentia, so inferior in most of their characters, they are the smallest in number and the least developed. The greater part of the mesenteric glands are often found collected together into one mass, while a few others are seen behind this pancreas of Asellius, smaller in size, and detached from each other, an arrangement which we see in most of the carnivorous quadrupeds, as the seal, the otter, the badger, the dog, the cat, and many others, and in the hedgehog among the insectivorous mammalia. They form two masses in the bear, the one belonging to the mesentery of the small intestine, and the other to the mesocolon; but in the quadrumanous mammalia, as in man, they are found spread more equally, and at a greater distance from each other, over a great extent of the mesentery, and also, in part, over the mesocolon. These last-developed and least-known portions of the chyliferous system, the mesenteric glands, we still find in the human body largest and most crowded together in the dorsal or vertebral part of the mesentery, and most minute and dispersed over the anterior or intestinal portion. There are nearly a hundred of these organs on the human lacteals, and about a fourth part of these belong to the colon; but the changes they effect on the fluids which are incessantly passing through them during life, and even for some time after death, or the uses to which they are subservient in the economy, are still unknown, like the functions of many other obvious parts of our most complicated and wonderful fabric.

Brain.—Professor Ehrenberg, of Berlin, has shown that the proper nervous substance of the brain and nerves does actually consist of very minute fibres, which he informs us can only be discovered by the aid of a magnifying power of 300 diameters, and that he was sometimes obliged to have recourse to a power of 800 diameters to bring them into view. He examined thin slices of the recent brain, and states that the fibrous structure was, in general, most obvious at the thin margins of the slices, when they were simply laid on the object-glass of the microscope, and that gentle pressure of the nervous substance between two thin plates of glass, generally rendered the fibres more apparent. The professor's well-merited character for accuracy and skill in the use of the microscope makes us hope (believe) that they will be found to be correct.—*Edin. New Phil. Journal*, April.

ANATOMY AND PHYSIOLOGY.

LECTURES

ILLUSTRATED BY THE

HUNTERIAN PREPARATIONS

IN THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS, LONDON.

Delivered at the College in 1833, *by*

SIR CHARLES BELL, K.G.H., F.R.S.

LECTURE XIII.

Sensation and Expression in the Eye.—Structure and Character of the lower part of the Face in Infancy, the Adult Period, and Old Age.—The Brain as the Organ of Mind.—The Character of the entire Face.

Gentlemen,—According to the mode in which I have endeavoured to arrange the subjects to be discussed, I find that a topic of some difficulty remains to be considered—I mean the nervous system. To tell you the truth, I have been asked to dwell on this important subject, but I have not been able to discover whether the request has proceeded from a desire that I really should do so, or from a feeling of good-nature towards myself. Whichever may be the fact, I now beg your patience while I finish my remarks on some points which I left rather incompletely discussed.

The course of reflection which I was endeavouring to promote was this; I was, in the first place, desirous of proving that we are sensible to the motions of the body; that the common voluntary muscles act upon the mind as so many organs of sense; that when we exercise the hand in feeling, we not merely exercise the nerve of feeling, but we also have a consciousness of the exertion of power, and bring it to such a degree of energy that we extend the hand, and by pressure grasp the object before us,—that the mind forms a judgment, in part from the action of the muscles, and partly from the sense of the nerve of touch; and that in all our operations attended by consciousness, there is the operation of this double sense, and that without it the mind could not reflect,—could make no comparison. In carrying out this principle with regard to the eye, we found that there was certainly an impression made on the nerve at the bottom of the eye, upon the retina. But that does not appear to be a sufficient reason for supposing that simple sensation makes

us acquainted with all the information obtained through the medium of the eye. It is from a sensibility to the motions of the eye, and the impression produced upon the retina, that a conception is presented to the mind of the form and position of an object. The experiment by which I conceive this is shown is, that of fixing your eye, for example, upon a lamp covered with ground glass, until the impression is for a time perfected on the retina, when, on closing the eye, or darkening the room, the image is still impressed upon the retina; but if you look upon the ceiling, or on the floor, to the right or to the left, no image seems to follow any change in the direction of the eye, and therefore I think we are entitled to conclude that when we see objects in a particular position, we have the impression on the nerve combined with the effort of the muscle, and that it is the effort of the muscle decidedly, which gives us the knowledge of the apparent place.

The next point to which I drew your attention, was the involuntary motion of an eye which is rendered insensible. The experiment upon which I chiefly rested, was that of cutting the superior rectus. The animal on which it is performed then ceases to have the voluntary power of directing the eye upwards; but, notwithstanding that, it possesses the power of turning it up insensibly, so that when an object approaches the eye, or excites it, you have it turned up, although the voluntary muscle be wanting. It remains for you to say by what this can be effected, except the lower oblique muscle.

Now one purpose of the obliquity of the muscle is, to act simultaneously with the falling of the eyelid, and so to guard the eye, —not merely by closing it, but by the simultaneous revolving of the eyeball, thus, as it were, doubling the facility. It must be a subject of admiration that the eye possesses the power of motion under the direction of disease, at which time the operation is more quick than an act of volition could make it. Some have said that they wonder much why certain actions are promoted by pain rather than by pleasure. I think I have already given you a sufficient reason why pain first ushers us into existence, and then continues our companion; it is our safeguard through life. With regard to the eye, no sensation of pleasure could effectually prevent that delicate organ from being injured by particles of dust, or whatever moves in the atmosphere. Can there be a better demonstration of this than what takes place either when there is an imperfection in the apparatus of safety to the eye, or when there is an imperfection of the sensibility that guides its motion? It is very curious to see the effect of a loss of sensibility in the eye; not the loss of sensibility to the rays of light, for the eye, as an organ of vision, is perfect, but the loss of that sensibility which it possesses by means of the fifth pair of nerves. You then find that which should be united to the motion of the eye, and which should be a source of safety to it, proving a ready means for its destruction. You touch the eye without the eyelids moving, without the eyeball turning up; matters lodge on the surface of the cornea, and although it is insensible, yet is it irritable, and liable to be inflamed, and the organ is in danger of total destruction; nay, you sometimes find that opacity of the cornea comes on, and there is a total obstruction of sight. Notwithstanding the mind is exerted, notwithstanding you have a finger with which you can move the eye, still the finger and the will are but a poor substitute for that which nature has given in the sensibility to action of the eyelids themselves.

We have next to consider the effect of this in the production of expression. I am sure you must have observed that during a fainting fit, and certainly when a person is falling into that state, the eyeball is turned up, and only the white of the eye is visible. The pupil is seen to be under the half-depressed and languid upper eyelid. So, again, as you have watched the last struggle of a dying patient, and observed the approach of death, you must have seen the same deformity in the eye. In short, the voluntary muscles, the recti, have given up their functions, with the other voluntary actions of the body, and then the obliqui coming, as it were, to preponderate, the eyeball is turned up, that is to say, the pupil is turned up under the upper eyelid. After long-continued watching and fatigue, you will find that the greatest difficulty is—not in elevating the falling eyelid, but in preventing the eyeball from turning up under it. This is another instance, then, where languor of voluntary motion coming on, a preponderance is obtained by the involuntary act.

In the feelings of agony and veneration there is the same condition. I know not if I am correct in supposing that the influence comes on in the same way. I know not if in these powerful affections of the mind the person is, as it were, oblivious to all the influences of the mind, and given up to the involuntary action of the muscles; but certain I am that in veneration, and in all affections of that class, a gradual disposition comes over the individual to direct the eyeball upwards. The inclination of the head and the turning of the

eye are very indicative of the muscular condition I speak of. I take this as a proof of it, that if you go into any collection of paintings of the fine old Italian or Spanish masters, where pictures of the Virgin Mary, or other subjects of adoration are to be seen, in which the votary is represented as under the influence of deep piety, whether the painter be RAPHAEL or any other of the great artists who depict such effects, you find that the head is inclined and the eye turned up. They are representing persons experiencing natural affection; and, therefore, I must consider that such is the position of the eye expressive of veneration. As I was casually passing lately along the gallery of this college, my eye fell on a figure (I know not what it had to do there, but it seems it was chiselled for some hospital) expressive of severe pain, and the artist, at the same time that he has given a character of misery to it, has thrown up the eyeball with that expression which is universal among all artists, and therefore most common to the human mind. I take these as the best proofs that we can have on such a subject. I remember, however, a story to the same point, of a certain player, a great mimic, who, like most of those persons, was extremely poor, and very apt to borrow money from his friends. On one occasion, he had both borrowed from a friend, and offended him, so that his friend was very angry with him, and desirous of punishing him. After in vain seeking him at home, he saw him in the street, made towards him, and dodged round a party to try to get up to him and lay his cane upon his shoulders. But when he arrived at the spot, and was ready to accomplish his revenge, he found that he was about to strike down an old blind man who was feeling his way along the street, —an old man with his eyes turned up, the whites only of them being visible. Hereupon he broke out into the exclamation, "What would have been my condition if I had knocked down that man!" The fact was that the player had put himself into the position which he had often observed in a man really blind and totally indifferent to the action of the eyes; the eye was turned up, the pupil was under the eyelid, and the white of the eye was exposed. I take, therefore, the action of the mimic in producing such a deception on his friend to be a proof that that position of the eyes is true to nature; and some of you who have better opportunities of making observations than myself, may notice whether this raising of the eye in that condition be the reason why adhesions of the upper eyelid are apt to take place.

As to what remains to be said with regard to the expression of the eye, there are just two points that I would notice. When a man is roused to passion, every one observes,—poets in all ages have noticed it,—that anger is shown in the sparkling of the eye. What is that angry sparkling? The Italians represent it as chiefly indicative of extraordinary excitement and passion. I believe it is owing to this, that when you are excessively excited, the eye rolls, or is largely displayed; the muscles universally press upon the eye, and push it forward at the time that the eyelids are powerfully retracted; in short, that the eye being very intent upon its object, has the white of the eye and the margin of the pupil, or the margin of the cornea, the eyelid and the hairs upon it, all raised largely up, and then the rays of light which strike upon it are reflected in a manner which they never experience under other circumstances.

But there is another expression which is alluded to by poets, but which is not to be accounted for in this manner. It is well delineated by Sir EVERARD HOME, and is shown to be the effect of a reflection upon the bottom of the eye. All painters, as well as poets, have been fond of taking resemblances from brute animals. Now in all the feline tribe there is a brilliancy of the eye from another cause. You must have observed, that when a cat goes into a dark room, although you do not see the cat or any thing else, you can plainly see two brilliant spots where she stands. Does this mark a character of ferocity in the animal? No; it simply results from this:—the retina is slightly excited, the pupil is largely dilated, the rays enter the cornea, enter the lens, and are reflected from the bottom of the eye to your eye. It is no indication of excitement, but purely the effect of the surrounding darkness contrasted with the intense reflection of the little light which is concentrated in the eyes. When the eye is cut out of a dead animal and placed in an obscure situation, you see the same effect. The pupil is enlarged, the rays of light reach to the bottom of the eye, and they are reflected intensely back to your own eye.

We have hitherto divided our subject into these two branches, the moveable expression of the face, and that which is permanent; and now let me draw your attention for a few moments to the permanent forms of the face, as expressive of beauty or deformity, or of the human character as contrasted with that of brutes.

The first thing that I beg you to notice, is the effect both of the teeth and the jaw

on the expression of the face. In the infant, you recollect that not only are the teeth as yet imperfect, but that all the parts of the jaw, which conform so curiously to the teeth, are also imperfect. It is not merely the alveolar processes,—the whole extent of the jaw, and not the lower jaw only,—that are imperfect, but also the corresponding development of all the bones of the face. By comparing the infant skull with that of the adult, you will see what changes take place in it. See how small that part of the face is which is just below the eye, and how much of the face belongs to the teeth and the masticating instruments. The character of the child is here indicated at once, and we have another proof in it of prospective formation. The soft parts of the face are, as it were, too large for the foundation bones, but we observe in the lips, cheeks, mouth, and whole exterior, a provision for the development of bone. Now I say that here is an anticipation of parts,—ready when the bone shall expand, when the teeth shall grow, when the alveolar processes shall deepen, when the antrum shall be enlarged, and when, consequently, the bones of the cheek shall become protuberant. And so when we come to the adult state, we find it characterized by the expansion of these internal parts. The cheek is then elongated, its bones become more prominent, the alveolar processes deepen the face, the additional range of teeth enlarges the jaw, and hence the square and manly form of the chin; hence, in short, the whole character of the adult head. By comparing the head of a child with that of an adult, we note the difference, and we may further compare the adult head with that of a very aged individual. With regard to the child, the bones have not yet accommodated themselves to the teeth, but in old age the teeth have fallen out, and the alveolar processes are absorbed, while the form of the face above the jaw and below it remains. Hence the character of age is seen in the falling forward of the jaw. The gums do not now meet, the tongue is too large for the mouth, and the cheeks fall in. Formerly there were the fulness and roundness of infancy; next we see the membranous cheek become adapted to the advanced condition of the jaw; and, lastly, in very old age, the teeth gone, and with them the alveolar processes; the jaw then falls forward, the tongue is over large for its diminished cavity, and the speech becomes that of old age. I mention all this chiefly in order to show you, that when the bones have fallen, there is not merely an accommodation in the lips and cheeks and the various parts of the face to the existing condition of the bones of the face at any period of life, but an anticipation of future conditions, a point which I have thought it right occasionally to mention to you, because it shows us something more than a simple adaptation of parts to their present state. It makes apparent a prospective design in the structure and growth of man.

The next thing on which I shall touch is the facial line. Now we find that in almost every age there has been a disposition to connect the character of the human head and the head of animals, and to make a due distinction or line by which the intellectual part of it shall be marked off, and distinguished from the more brutal part. Here we have another instance, perhaps the last that I shall have to mention, where there is, unfortunately, hardly a record left of the mind of JOHN HUNTER. The idea is, that some line may be found which shall distinguish the bones of the face from the brain case, under the impression that the brain case should mark the size, the magnitude, or the importance, of the mind, as contrasted with that which some persons are pleased to consider as the brutal and inferior part of man's head. It is not my opinion only, but the opinion of others of great authority, that no such distinction as this can be made,—that no line has yet been found which will fully explain the relative area of the face as compared with that of the head, and far less any line or mode of measurement which shall mark the distinction of the human mind as compared with that of brutes; and perhaps the reason is, that we attempt to compare things between which there is no comparison; I mean the organ of intellect in man and the propensities of brute animals.

Then, again, we find that both the mind of brutes,—I mean to say the brain case of brutes, and their face, produce remarkable changes on the character of the head, without any reference to the brain, or any reference at all to any of their qualities. For example, were I to place before you the boar's head, the lion's head, and the horse's head, you would acknowledge that there was no line by which the characters of those animals could be delineated, or, at least, so marked as to offer distinctions. You see in the boar the enormous size of the spine at the back of the head; but it has no reference to the brain, and the great prominence reminds me only of what I have before alluded to, the powerful muscles which are inserted into it, and which go to the teeth. In the lion or tiger also, you see that the great volume of the head belongs to the bone which gives attachment to the temporal muscles, and that the greater part of the

mass of muscles covering the brain case, is simply commensurate with the great mass of jaw, and the length of the teeth. With regard, again, to the form of the head of the horse; the strength of the jaws and the length of the teeth give a peculiar character to the head. Thus no line, nor any series of lines, will indicate the character of the animal. No, Gentlemen, nor does this facial line serve to distinguish the European from the African head. I remember a pupil of mine once placing before me an European and an African skull. The jaw being taken away from the European skull, it fell forward, whereas the skull of the negro fell back and rested on the occiput. This struck me at the time, and appeared to me to be in accordance with the common opinion, that the bones of the negro's face are larger than those of the European. Upon making some experiments on the subject, poising the skull upright, and paying attention to this point, I notice that the facial line, —the line which is drawn from the lower and most protuberant part of the forehead down to the alveolar processes, is to be measured. But we want another line to estimate it by, and the difficulty is to get one which shall be a just measure, because a horizontal or perpendicular line is always shifting with the different conformations of the skull. It was for this reason that I poised the skull, taking care that its position was perpendicular, and that the margin of the occipital bone did not touch the rod. On then drawing the line, and marking the degrees of the angle which was formed by the two lines, I found that I had been wrong in assuming that the weight of the African's skull was greater backward than that of the European. I found a great difference with regard to the bones of the face in the African, inasmuch as those bones which were connected with the teeth and with the mouth as an instrument of mastication, were larger and heavier than those of the European, while the other bones of the face were smaller and less weighty. I found, moreover, on taking away the bones of the face altogether, that the European skull had the greater weight on the anterior part of the brain case, so that the bones of the upper part of the face in the African were small, and the bones which contained the teeth were large. In the skull, the anterior part of the forehead of the African was certainly small, and that of the European more capacious. I hope that in this manner it is pretty well shown that anatomists have been deceived in measuring the facial angle by the projection of the teeth. The teeth, jaws, and parts connected with the muscles of the jaw, were really large in the African, but the face altogether considered, is by no means so large as in the European.

Nor does this facial line, let me say, explain the peculiarity of the antique head; for all these observations on the facial line and form of the head, have been principally set up in order to comprehend what is perfect and beautiful in the human countenance. Why is that beautiful in the antique head which is not allowed to be natural? Here we have the antique head without a feature in it, or a proportion, that can be called natural; yet every one acknowledges that it is beautiful beyond what is commonly seen. The notion of Professor CAMPER is, that the whole matter is explained by drawing the line of the entire face perpendicularly. In the inferior head, the facial line inclines, and in the antique the facial line is perpendicular. The anterior part of the head is thus thrown forward, and it is the perpendicularity of the facial line which, he thinks, gives the imposing grandeur and beauty of countenance to the antique head. He points out, that in some of the gods the ancient sculptors especially exaggerated this, making the forehead, instead of falling backwards as it does naturally, incline very much forwards from its proper line.

But when you remember the form of the head, or the national character which should be expressed in it, you must see at once that it is not the mere line of the forehead, or the line drawn between the forehead and the alveolar process of the upper jaw, that will indicate inferiority of character, or superiority, or beauty of countenance. You discover that there is a peculiarity in every feature which makes the whole beautiful, independent of the mere form of features, or the line which they make, and therefore we are obliged to seek for simple principles to direct us in assigning the true cause of a pleasing expression, either in each individual feature, or in the whole head. I find in an old book this expression, that "the ancients studied deformity in order to avoid it." Now I fancy that that is not the manner in which artists should study. They ought not to study deformity alone in the human countenance, in order to gain a notion of perfection of form. They should go a more direct way to find out what is beautiful. If you recollect what the ancients did in this respect, what a strange combination of form they invented, how they succeeded in graving a brutal character on a fine body and a fine face, you will see that they must have

studied the deformities in connexion with the beauties of the human face.

Now, with respect to the mouth. The mouth is not the mere organ of mastication, or the mere organ of speech. If it be considered too much in the latter light, its character will be diminished as regards its property of mastication; and if *that* be diminished, and the expression of speech only be retained, then the mouth will be small, and the lips and cheeks full, and you will have precisely the character of the lower part of the antique head. If, on the contrary, you enlarge the jaws, give squareness to the chin, prominence to the angle of the jaw, and an undue proportion to the whole, as an instrument of mastication, you will then give a vulgar, if not a brutal, character to the countenance.

Exactly the same principle applies to the eye; but then the eye is a proper organ of inferior animals, and is not connected with anything injurious to the superiority of the human character. Accordingly, you find that the poets gave beauty even to the eye of the ox; and if you investigate your own feelings, you will find that the perfection of the eye has nothing to do with the brutalizing character of the whole head.

With regard to the nose, one of our first physiologists, notwithstanding his great genius, has conceived that the nose is especially the part which gives a character of brutality, because in that instrument the power of smelling, and no other, is provided for, that being a mere animal gratification. Others conceive that the nose is a part which, being large, and liable to much variation in size, tends to diminish the dignity of the human countenance. But these individuals forget that the nose is not employed so much for smelling as for speech. It is the organ, in fact, which chiefly distinguishes the face of man from that of the brute. A certain analogy, a due proportion, of the human face, is necessary for the perfection of the human character; and if you look to the works of art, you will find that the artists, aware of this, made depressions in the bridge of the nose, and gave unusual expansion to the nostril, when sculpturing their satyrs. But whenever they wanted to mark distinctly the human character in perfection, and were intent on giving dignity to the human countenance, the reverse of all this prevailed in their figures.

We come next to the ear, and find that the same obtains in that part. Wherever the ear is large, wherever it is pointed, wherever it assumes the character of an inferior animal, the effect is injurious to the human countenance. (I am speaking of a sculptor's productions.) Such a formation is an injury to a piece of art; and, accordingly, when the ancients represented centaurs, they were careful to give to each figure, not the perfect form of the head, but something that indicated the lower animal, varying the action of the lips, or the shape of the mouth. Sometimes the jaw was depressed, and there was a large nostril; sometimes the eyes were small, and the ears were tipped with the character of those of the dog or some inferior animal. On the other hand, when they represented Jupiter, the reverse was the case. Everything pertaining to the lower animal was avoided, and all that belongs to the perfect human character was exaggerated. There was not only that pushing forward of the upper part of the face which characterizes the antique head, but there was given to the statue the character of fulness and beauty in the chin, that character of the mouth which portends its capacity of speech rather than of mastication; an eyebrow fine and enlarged, the eye expansive, the orbit prodigiously enlarged, the forehead itself very capacious and smooth, and the ears, as the last instance, more similar to the human than all the other characters. If you add to what the ancients studied to effect, the modern doctrine of association, you will find, in the principle of association, which secretly influences every one of us, the reason why we acknowledge the beauty of the antique head, at the very time that we are obliged to admit that there is not a particle of it which is natural.

CLINICAL OBSERVATIONS

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

ON A MODE OF REMOVING TUMOURS GROWING WITHIN THE MOUTH, ATTACHED TO THE BONES.

There are several distinct species of tumours, or polypi, which grow within the mouth, but the following observations apply only to those excrescences which either originate in, or are intimately connected with, the bones.

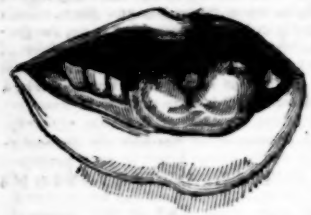
The tumours to which I allude are most commonly met with on the upper or lower jaw, at the base of the alveolar processes. They appear to be composed, externally, of several rounded masses, of a dark purple colour, possessing a more or less soft, elastic, feel; and adhering im-

moveably, by a broad base, to the subjacent bone. Tumours of this description also grow from the antrum and other cavities of the nose; and, if allowed to increase, sometimes attain an enormous bulk, and ultimately destroy life.

The modes which have been usually resorted to for removing such tumours are, *extirpation with the knife*, and the *actual cautery*.

In those cases where I have employed these means, failure has generally resulted; and I have often witnessed very cruel and severe operations fruitlessly resorted to, when thus attempting to remove large tumours of this description. The history of the two following cases points out not only an effectual, and easily manageable, but a much less formidable, mode of eradicating such tumours.

Case 1.—A youth applied to me on account of a tumour situated on the lower jaw, which had displaced, and occupied the situation of, two of the incisores and canine teeth, and extended to the first molares of the left side of the lower jaw. It had a nobbed surface, was of a dark purple colour, and adhered firmly to the alveoli by an extended base.



I removed this excrescence, and cut it away closely to the bone. Soon afterwards it grew again; when, besides removing the fleshy mass, a portion of the subjacent bone was taken away with a trephine. The tumour grew a third time; and dreading its progressive increase, I contemplated, as the most certain means of curing this disease, the removal of a considerable portion of the jaw.

Mr. George Young was consulted on this point. He related to me an instance of a large tumour of the same description growing from the antrum, which, after having been unsuccessfully removed with the knife, he completely eradicated by producing an exfoliation of the bone from whence it grew, by the repeated application of *kali purum*. This rational practice and Mr. Young's ingenious mode of managing it, were immediately adopted in the case of the present youth, and with the most perfect success.

After dissecting away the tumour, the kali was rubbed over the raw surface of its base. The adjacent sound parts being carefully protected with dossils of lint, the kali was repeatedly applied to the surface, which was again and again cleared by rubbing off the dead portions after each application of the kali. This process, which occupied a considerable time, was daily repeated. Finally, the bone was laid completely bare, and in a few weeks a bone exfoliated, consisting of a thin lamella of considerable breadth.

The vacuity which remained, and which was large, from three of the teeth having been removed, rapidly granulated and cicatrized, and when I saw this patient a few years afterwards, I was astonished to find that the contiguous teeth had coalesced, filling up the deficiency in the jaw in a most extraordinary manner.

Case 2.—A gentleman, forty-five years of age, had a tumour of the upper maxilla, which completely filled up the space between the four incisores and lip, and was so large as to elevate the lip and deform the countenance. It was of a dark purple colour, had a firm fleshy feel, and adhered immoveably by a broad base to the subjacent bone.

I dissected back the lip, to expose the whole tumour, and then removed all that portion which the knife could reach, and afterwards freely rubbed the *kali purum* on the raw surface. The application of the kali was repeated every day for some time, and subsequently every other day. Ultimately the alveolar processes were completely exposed, and exfoliating portions of the thin external laminæ daily separated, so that in a few weeks the whole dead bone had exfoliated, and the surface which it exposed was afterwards speedily covered with granulations, which cicatrized, and left little deformity.

Remarks.—These cases will suffice to show the advantages to be derived from this mode of treatment, for it is evident that by the knife alone it is impossible to destroy such tumours, as they grow in situations where it is often not practicable to saw off, or otherwise remove, the diseased portions of the bone from which they grow. Nor can the actual cautery answer the intended purpose, unless by such frequent repetitions of a painful operation as few would allow.

The common lunar caustic is quite useless in such cases; as the length of time occupied by the formation and separation of an eschar renders it too inert a remedy,

the growth of the tumour being more rapid than the destruction effected by the caustic, whereas the kali purum possesses all the advantages of the actual cautery in the rapidity of its action, and of the lunar caustic in the nicety of its application. The kali destroys the life even of skin, almost as quickly as the cautery, so that slough after slough may be produced, and a large portion of the diseased growth thus daily destroyed. Besides, it has the advantage of being applied with great precision to any particular part, by which only the diseased portion is destroyed, and the necessary quantity of bone denuded. With regard to the pain produced, this mode is decidedly preferable. The application of the kali on the tumour produces but slight uneasiness, and I have been surprised how little a patient complains unless it touch the sound and healthy parts.

I think it also extremely probable that this practice may be beneficially adopted for the removal of tumours in other parts of the body, which are attached to bones, or for the removal of diseased bones themselves.

Case 3.—A lady had for many years a small abscess on the heel, at the bottom of which Mr. Young could feel, with a probe, a piece of carious bone. In place of resorting to a severe operation with the knife, he enlarged the sinus with the kali, and then applied it to the carious portion of the os calcis, which soon exfoliated, and the patient completely recovered.

EMETICS OF SALT AND WATER IN CHOLERA.

With a view of still further confirming the valuable observations of Mr. Beaman on the use of salt-and-water emetics in the treatment of cholera, I am persuaded that the following abstract of a communication made to me by Mr. Bird will be read with interest:—

"The *calomel* was always very largely administered, ten grains being the usual dose, which was repeated every hour until the symptoms yielded. In one severe case of the disease, ten grains were at first given every quarter of an hour, and repeated afterwards at such intervals, that the whole quantity taken by this patient in twenty-four hours amounted to no less than two hundred and forty grains; and it is worthy of remark, that he recovered without having any of the usual effects which mercury produces on the constitution.

"In the month of November, 1832, cholera raged with very considerable violence at the Dowlais Iron Works, near Merthyr Tidvil, in Wales. Upwards of four hundred individuals suffered from this frightful disease, a large proportion of whom came under my own observation. Though different modes of treatment were tried, the most decided benefit resulted from *salt emetics*, the more especially when administered during the earlier stages of the disease,—the most striking advantages being derived from the use of calomel in the latter stages; these advantages being the more certain whenever the exhibition of the calomel had been preceded by the use of the salt emetics.

"259, Oxford-street, August 31st, 1834."

CASE OF

ASCITES OF THREE YEARS' DURATION,

CURED WITH THE

HYDRIODATE OF POTASH.

By W. P. Bain, *M.D., Surgeon, Poplar.*

I was requested in January last to visit Mrs. G——, ætat. 40, whose case presented the following symptoms:—The abdomen is much distended and fluctuation is very perceptible, with anasarcous swelling of the ankles; respiration is difficult, especially at night, when it is attended with a sense of suffocation; has a slight cough, with adherent sputa, and auscultation gives evidence of the râle sibilant, which, however, is variable in its seat; the pulsation of the heart is very perceptible to the eye, even at the distance of some paces, and the stroke is heard over a large extent, but without any anormal sound. The veins of the neck are swollen, and the countenance partakes of a livid hue. The liver feels enlarged; skin dry; tongue rather clean; bowels inclined to be constipated; the urine is small in quantity, and deposits a thick reddish sediment.

Has had nine children, and frequent miscarriages; her liver was affected many years ago, for which she was salivated to a great extent, and has in consequence lost almost all her teeth. She has perceived an increased pulsation of the heart for many years.

During her last pregnancy, three years ago, she first perceived a swelling in her ankles, and some time after her confinement the abdomen became distended. She consulted Mr. M. Tatham of this place, who attended for a period, and administered various remedies with partial success. Emetics continued to be given every morn-

ing, which had the effect of causing great irritability of the stomach.

As the abdomen was so much distended I advised tapping, which was agreed to, and I removed upwards of two gallons of serous fluid, which was attended with great relief for some time; but as diuretics appeared to have lost to a certain degree their power in exciting the kidneys, the fluid once more accumulated, and I again removed two and a half gallons on the 19th March. Wishing to try the effects of iodine externally, I requested her to rub the following ointment over the abdomen twice daily:—

℞ *Hydriod. Potassæ* ʒi; *Iodinæ* ʒss; *Adipis Prap.* ʒi; M.,—taking internally a solution of *Nitr. Potass.* with *Sp. Æther. Nitros.*, and an occasional purgative.

Owing, however, to a love of personal cleanliness, she desisted from using the ointment, but continued to take the diuretic with very little effect. The abdomen again swelled and paracentesis was again thought of, when I agreed to her request to take the hydriodate internally, and she commenced on the 18th of June with the following:—

℞ *Hydriod. Potassæ* gr. xv.; *Aquæ* ʒi. M. f. haust. ter die sumend.

In a few days the dose was increased to gr. xx, and she continued taking this for a fortnight without apparent benefit. Although she almost despaired of any improvement, I advised the continuance of the medicine, and from the end of this period she perceived her breathing to be less impeded, and her size to be somewhat reduced. She has continued taking the hydriodate until a fortnight ago, since which she takes it once daily. The absorption of the fluid has been gradual under its influence, the abdomen is of a natural size, and no fluctuation is perceptible. Respiration is now performed with ease, and she is enabled to take exercise out of doors, which has been unusual for upwards of two years. She is highly satisfied with the success of the remedy, and wishes to call the hydriodate a *wonderful* medicine, since it has relieved her from an apparently hopeless condition.

From her constitution having been so much impaired by the cares of a large family, organic disease of the heart and liver, together with the effects of innumerable medicines, taken for many years, I confess that I considered her case as admitting only of a palliative treatment. In this, however, I have been agreeably disappointed. The action of the hydriodate appears to be on the absorbents, and on the skin, rendering it moist. No inconvenience has arisen from its long-continued use, excepting perhaps an occasional and trifling alteration in the sound of the voice. In those cases of dropsy in which the kidneys are the chief organs affected, the urine being coagulable by heat, small in quantity, and of a specific gravity below 1.015, I am uncertain how far this preparation might be useful, but from having seen almost every other medicine fail, I shall be justified in trying its therapeutic effects when an opportunity presents.

With reference to the "petite chirurgie" of paracentesis abdominis, I may remark that if, according to the treatment recommended in books, a piece of lint be applied to the wound, and then covered with a bandage, an oozing of serous fluid will often continue to soak through every covering for several days, to the annoyance of the patient, even although adhesive plaster or emplastr. saponis be also applied over the lint on the abdomen. If the small piece of lint be first dipped in melted wax before application, this will be prevented, without any interruption to the union of the wound.

Poplar, August 25th, 1834.

DEFORMITY OF 12 YEARS' DURATION, SUCCEEDING A BURN OF THE ARM AND FOREARM, REMOVED BY AN OPERATION.

To the Editor of THE LANCET.

SIR,—Believing that the following case will be considered worthy of a place in your Journal, I shall feel obliged by its early insertion. I am, Sir,

Your obedient servant,

HAMILTON ALDER ROBERTS.

Bangor, North Wales,
August 29, 1834.

CASE.—David Williams, ætat. 15, consulted me in September, 1833. His parents informed me that he had been severely burnt in consequence of his clothes taking fire while a child of between two and three years of age. He had been placed under the care of some old woman.

I found the right arm and forearm closely drawn together, so as to form a very acute angle at the elbow. A thin but deep bridle of integument connected the arm and forearm, extending from the lower part of the superior third of the arm, to within two inches of the wrist. The upper border of

this ridge was rounded, thick, and of an almost cartilaginous hardness, being about an inch and a half in length. Both the arm and the forearm were almost entirely covered by a large cicatrix. The thumb remained firmly flexed.

It is well known that the majority of surgeons are of opinion that a deformity of this nature cannot be removed unless the whole of the cicatrix be excised, and that a simple division of the bridle would be followed by a cicatrix, which would again contract when the wound has healed up. Baron Dupuytren, however, asserts that a mere division of the cicatrix will in many instances succeed, particularly if a proper apparatus for securing continued extension be employed until the tissue of the new formation has acquired its definitive organization. He advises that no operation be attempted until after the lapse of some months, or even years, after the formation of a cicatrix, for this important reason,—that when the cicatrices have acquired all their solidity, when the ridges or bridles are definitive, completely organized, they lose that extraordinary force of retraction which is so peculiar to the recent cicatrices of burns, and acquire a retractility little differing from that possessed by all the natural tissues. Baron Dupuytren has related, in his "Leçons Orales de Clinique Chirurgicale," the history of two cases in which division of the cicatrices terminated successfully. The first was that of a retraction of the fingers of eighteen months' duration. At the expiration of four months the parts had acquired their natural dispositions and motions. The second example occurred in a child aged ten years who had been burnt eight years previously. A bridle of integument confined the left hand in such a manner as to form with the forearm a right angle. This bridle was divided in three places, and continued extension was employed; at the end of two months and a half the patient had perfect use of the hand.

Supported by the authority of so distinguished a surgeon, I determined upon having recourse to a similar operation, which I performed in the presence of several medical friends on the 5th of October, 1833.

The projecting bridle of skin was divided by a straight bistoury down to the bend of the arm. This first incision being insufficient to allow of the required degree of extension, two other incisions were made on each side, as far as the condyles of the humerus. The thick and horny substance which remained on the upper part of the arm, was afterwards excised. The wound being lightly dressed with lint, &c., the parts yielded, but in a very slight degree, to extension. All violent attempts were avoided, as it was to be expected that the rigidity of the muscles, &c., would prevent any immediate change of the parts. A splint and bandages were next applied.

October 6. Patient has slept well, and does not appear to have suffered much. The parts have yielded a little more.

12. The distance from the acromion to the carpo-metacarpal articulation measures eleven inches. The splint, giving the patient some pain, was removed, and extension was maintained in another way; a broad roller was passed under the axilla so as to keep the scapula fixed, and was secured to one side of the bed. A smaller roller, fastened to the wrist, had its ends tied to a pillar at the foot of the bed, by which simple contrivance the requisite degree of extension was continued without creating much uneasiness to the patient.

22. The distance from the acromion to the wrist is now thirteen inches and a half.

31. Distance from the same points is increased to fifteen inches and a half.

Extension was persevered in up to the 3rd of April 1834, at which time the wound healed. The boy has, at the present time, a very free use of the arm (which is of the same length as its fellow), and has for the last three or four months been employed in working at the slate quarries.

The thumb, which before the operation continued strongly flexed, can now be extended and readily moved.

EXTENSIVE

DISEASE OF THE DIGESTIVE APPARATUS,

AND

ABSORPTION OF THE RIGHT LUNG.

To the Editor of THE LANCET.

SIR,—The insertion of the following interesting case in your spirited and useful journal will probably gratify your readers, and will oblige yours, &c.

WILLIAM TAIT, Surgeon.

Lauder, July 18, 1834.

CASE.—Mrs. Renwick, aged 55, had complained for several years of occasional severe paroxysms of pain in the epigastrium, which her medical attendant attributed to cramp in the stomach, but which were always relieved by opiates and rubefacients. In the autumn of 1832 she

was seized with acute pain in the right hypochondriac region, for which she was bled and blistered, and as it was thought to arise from inflammation of the liver, ordered to take the blue pill. When I saw her in August 1833, she had great difficulty in breathing, and was able to lie only on the right side. The abdomen was considerably distended, and sounded on percussion. After the exhibition of laxatives and turpentine, the swelling subsided, and respiration became easier. She told me that the gentleman who had previously attended her said she was affected with ovarian dropsy, and that a large tumour could be detected in the hypogastrium. This, however, I was unable to feel, but effusion appeared to have taken place into the peritoneum, and the right lumbar region seemed fuller than the left. The right side of the chest elicited a dull sound on percussion, and respiration was quite inaudible. The left was natural on percussion, and the respiratory murmur was louder than natural in every part of the lung. She came under Mr. Hewat's care on the 20th January 1834, when I was sent for to assist him in tapping her. On more mature consideration, this was deferred, as much of the distention of the abdomen was thought to be owing to flatus in the intestines, and from the dread of her dying on our hands. She suffered at this time from severe tormina, her pulse was scarcely perceptible, being very small and fluttering; the extremities were cold, and the whole body was bedewed with a cold and clammy perspiration. She died about half an hour after we left her.

Sectio Cadaveris 14 hours after death.

The *abdomen* appeared very much distended, and sounded on percussion; the body in other parts was free from dropsical effusion. The cavity of the peritoneum contained a large quantity of fluid having much the appearance of porter. The small intestines were considerably distended with flatus. The stomach was much smaller than usual, and the mucous membrane much puckered or wrinkled. The perpendicular and inferior transverse portions of the duodenum were enormously distended, and morbidly adherent to the right lobe of the liver (apparently of very old standing). Its coats were much thickened, and it contained about lb ij of thick pus, mixed with a dark fluid; the inner surface presented one continued sheet of ulceration, extending from the inferior transverse portion to the pylorus. A large cauliflower-looking mass enveloped the caput cæcum and right kidney, and had contracted adhesions to the neighbouring parts. The whole of the large intestines were smaller than usual, and had assumed the appearance of a cord. A scirrhous tumour was found in the cavity of the uterus; and the ovaries had partaken of the same cauliflower degeneration as that surrounding the cæcum, but were very little enlarged.

Thorax.—The right side of the chest was completely filled by a dark fluid, like that found in the abdomen. The right lung was wholly *absorbed*, and nothing remained to prove its previous existence but a small round tendon-like adhesion, stretching between the point where the root of the lung ought to have been and the diaphragm. No trace of the bronchial tubes in this adhesion could be discovered. A considerable number of small fleshy tubercles were seen on the pleura-costalis. The heart and left lung were in a healthy state. This woman was never aware that any complaint existed in her chest.

ON THE TREATMENT OF

CHOLERA AND DYSENTERY

WITH

EMETICS.

To the Editor of THE LANCET.

SIR,—In the season 1829-30, while the Honourable East India Company's ship *Lord Lowther* lay at anchor in the river Whampoa, dysentery and cholera prevailed on board to an alarming extent; but from the dread of the injurious effects to the stomach of powerful emetics, I had no opportunity of using that class of remedies except with a sparing hand; and I thought then, as I think still, that the treatment, then fashionable and adopted in our ship and in the fleet, was unsatisfactory and unsuccessful.

The *Lord Lowther* in her outward-bound voyage in 1832 touched at Angiers, where twelve of the ship's company, who had formerly been Yarmouth fishermen, unaccustomed to long voyages, devoured immense quantities of fruit and a sort of filthy brown sugar manufactured by the Javanese. These amphibious Yarmouth bloaters having stowed their holds "chock a block," as the old tars in their humour designated the affair, were, consequently, taken violently ill; and as the cause in this instance evidently did not exist in *the atmosphere*, strong emetics were used, so that only three of the number appeared to require anything else, and to these three were given smart tonic

aperients next morning. The proof was not lost, for when cholera and dysentery again attacked the crew, which they did on the ship's arrival in Whampoa river, emetics were used, and with excellent success. I recollect well enough the prostrating effects of tartar emetic; but I can tell you, that I have given with my own hand two, and, in one case, I gave three emetics, in twelve hours, each dose consisting of not less than three grains *Antimonii Tartarizati*,—the success leading me to think that I had made a discovery, and had proved the truth of a most natural supposition, which I had long previously fostered, namely, that dysentery and cholera, in every case, are caused by a something, or anything, introduced into the stomach, with which the stomach first, and then the system, have cause to be violently offended.*

When I hear of a professional man checking the vomiting of cholera by brandy and laudanum, I confess that I feel highly displeased. Such unreasonable treatment may sometimes succeed in a minor case, in the same manner as brandy occasionally cures the flatulency of indigestion, and prevents the stomach from throwing off, for example, pieces of apple. A bad state of body predisposes to any complaint; but I leave theory to those who are fond of it.

I do not believe that there exists at present any dissertation on cholera worth reading, as all the volumes I have seen, deal so much in "perhaps" this, and "perhaps" the other; and perhaps, I say, a parcel of nonsensical conjecture, without a sheet anchor. One man, however, whom I can conscientiously compliment at present, is a Mr. Hall, Surgeon or Assistant-surgeon of his Majesty's ship *Temeraire*. On my last visit to China, I met with an abstract, in a newspaper, of Mr. Hall's emetic treatment of cholera, which coincided so much with my experience on the subject, that I had much pleasure in extracting the whole, now before me.

Dr. Tytler and his poisonous rice, as a cause of cholera, I must not forget. I heard of his theory on my arrival in England, and I believe that Dr. Tytler may be quite correct if he would go a little farther and allow that anything or everything with which the stomach chooses to be offended, may produce diarrhœa, dysentery, or cholera. Dr. Tytler possesses immense merit for his exertions. Any silly person may *conjecture*, but Dr. Tytler goes the right way to work. He offered to *produce* cholera with rice which he had selected for the purpose, but the Medical Society would not sanction the experiment. They might have done so, for emetics would cure the patients afterwards. Men are said to catch cholera by sleeping on a damp deck, the perspiration being checked. It may be so, but notwithstanding that, the emetic treatment is good treatment, for the man to whom I gave the three emetics in one day, had been so asleep, and was seized with the disease on the forecastle.

It will require wiser heads than mine to *prove* that cholera floats in the air, or that it is infectious or contagious. I believe that when numbers are taken ill in the same ship, *imagination* often assists in upsetting the stomach, and that spasms follow, if anything have been swallowed which is incompatible with the ordinary functions of the system. Dr. Tytler offers to prove his theory, and I and Mr. Hall, at least, agree in the treatment. Simplicity in every branch of knowledge is an important feature.

I send you this for the use of medical men, but they must not give their *undersized fashionable emetics*, and then blame the advocates of emetics for preaching false doctrines. Let them set about their work boldly in all cases of dysentery and cholera, and send you, Mr. Editor, the results of their experience. I do not append my London address to this letter, because I would not have your readers to consider that it is an advertisement, but I annex it to a private communication to yourself. I ought to mention, as a most essential rule in the treatment of cholera, that *bis dat qui cito dat*, and I allow that I may have had an advantage in this particular over shore-going practitioners.

I am, Sir, your obedient servant,

J. LEIGHTON,

Assistant-Surgeon H. C. S. *Lord Lowther*.

[The following remarks, contained in the private note which accompanied the foregoing sensible, well-timed, and extremely pleasant letter of Mr. Leighton (whose name, at least, we have attached in full), are so much in spirit with the preceding observations and advice, that we shall do violence to their intended privacy, by adding them as a *P. S.* to the communication. We hope and expect that

* The Javanese kill their sheep &c. to save their lives, and are habitually inattentive to what they eat, and they are covered with sores infinitely more frightful than anything ever seen by me in hospitals or anywhere else. Accidents may happen to provisions in various ways; and stomachs in a certain state, *at a certain season*, only want a slight pretence for finding fault.

the remarks of Mr. Leighton, and other experienced gentlemen who have written on the subject of emetics in cholera, will be perused by our readers with attention and advantage.—Ed. L.]

P.S.—Certainly no one has ever *insisted* upon the use of emetics, *repeated* once or twice every day, in the *cure of dysentery*. Emetics will prevent dysentery in its commencement, and when the inflammatory stage has come on, they will cure it, while the trouble saved is immense. It is most distressing to be told so coolly by authors, that "you *may* give an emetic in dysentery, if," &c. I have sometimes thrown the books aside from vexation, when I most wanted *confident* advice. Dr. James Johnson, I found, spoke *confidently* of scruple doses of calomel, and the plan *always* succeeded *whenever the mouth became affected*, but I have often used every means recommended to accomplish that desirable object, and have failed, and *then the patient was lost*. I trust you will excuse the irregularity of these remarks, but I wish to mention my firm opinion that the exhibition of emetics in these two scourges of the east, cholera and dysentery, will yet become as common as the diseases themselves. The plan does not rest upon the "baseless fabric of a vision." Such at least is the impression on my mind. Will the old routine practitioners of the metropolis be induced to change their plan for this comparatively new mode of treating dysentery and cholera? I question it.—J. L.

ADMINISTRATION OF EMETICS OF

COMMON SALT IN CHOLERA.

To the Editor of The Lancet.

Sir,—You will perhaps be able to find room for the following case:—

On Wednesday last I visited Mrs. E., who had been labouring under a neglected diarrhœa for six days, no medical advice having been procured. I found her vomiting most violently, and almost incessantly; the pulse scarcely to be felt, except just after retching; the legs and arms cold and livid; severe cramps; face collapsed; and labouring under the ordinary symptoms of asphyxial cholera. She had been taking a stimulant mixture, and nearly a pint of brandy, in the night and day preceding my visit.

I recommended an enema, containing 15 minims of *Tinct. Opii*, in a pint of warm water; and, on suggesting to the medical gentleman in attendance with me the common salt emetic, he remarked, that if vomiting were likely to do good, there had been, during the day, quite enough of it, and that it still was very violent; but on my representing that, as vomiting is well known to increase powerfully the action of the absorbents, there was a chance of some of the salt being absorbed, he concurred. Six tablespoonfuls were sent in solution: half was given directly, with but slight effect as to reaction; the second dose was given about an hour and a quarter afterwards.

In the morning she was found to be in a better state. Vomiting had ceased, as also had the cramps, soon after the injection. About 11 a. m. I thought collapse was again coming on; but towards evening our patient rallied, and the circulation became fully re-established.

The soda and lemon-juice, as directed by Mr. Beaman, seemed to excite nausea, and she refused to continue taking it. Slightly nourishing broth, with very little brandy in it (half a teaspoonful), was given, in small quantities.

Although stimuli had been freely employed before I saw her, I am disposed, from her state of collapse when I saw her, and from having seen the complete failure of every kind of stimulus in 1832, to attribute much to the exhibition of the common salt: and I send the relation of the case to you, as very encouraging to further trials.

I would beg to recommend, when the cramps are severe, the injection, *per anum*, of about 15 or 20 minims of *Tinct. Opii*, in 0j of warm water. Sudden and complete relief has usually ensued; and the second enema has commonly removed them altogether, to the great relief of the sufferer.

During the premonitory diarrhœa, my practice has been to stop it altogether, by means of the cetaceous mixture, with a little opium where there are cramps; in other cases without it; and my success has been invariable. I have never, after the two first cases I attended, given calomel at such a stage of the complaint.

In conclusion, I must add, that my patient was threatened with the ordinary consecutive fever; but the symptoms are now so far subdued as to warrant a confident anticipation that she will soon be restored to health.

I am, Sir, your most obedient,

J. J. Furnivall, M. D.

Hertford, Sept. 1, 1834.

CURE OF CHOLERA WITH SALT EMETICS.

To the Editor of THE LANCET.

SIR,—In THE LANCET for August 23rd, you invite medical men to communicate the results of their experience in the use of emetics of common salt in spasmodic cholera. The following rough notes of a case are at your service.

I am, Sir, yours, &c.

TIMOTHY POLLOCK, M.R.C.S.

4, Gray's Inn Lane,
Sept. 2, 1834.

Case.—August 29, 1834. Benj. Stroud, of the *Horse-and-Groom* Yard, Holborn, was seized with the usual symptoms of spasmodic cholera, having suffered for several days previously from diarrhœa.—(The enumeration of symptoms we omit.—ED. L.)—Let him have three tablespoonfuls of common house salt in half a pint of water immediately, and repeat the dose in twenty minutes should the cramps continue. Apply a mustard poultice over the stomach. Give an effervescing draught every hour, and iced water for common drink.

30th, 10 a. m. The salt produced smart vomiting as soon as swallowed. General appearance much improved; no return of the cramps; hands and surface generally much warmer; bowels much relaxed; vomiting troublesome during the night; pulse slower and fuller; tongue nearly clean. Continue the effervescing draughts. 8 p. m. The bowels still continue relaxed, but the evacuations are feculent. No vomiting.

31st. No complaint but of diarrhœa and weakness.

Sept. 1st. Out walking.

IPECACUANHA IN CHOLERA.

To the Editor of THE LANCET.

SIR,—In the 23rd Number of THE LANCET, published on Saturday, August the 23rd, I have just read an account of the return of the Asiatic or Sunderland cholera, amidst the crowded population of the metropolis. Some valuable remarks on temperance are subjoined, together with a strong recommendation of salt emetics. Having witnessed the efficacy of such emetics, I am disposed to think well of them, but decidedly much more favourably of a dose of *Ipecacuanha*, administered as an emetic. The surgeon attached to our Cholera Hospital was very successful with this emetic, and Mr. Kennedy, whose able work on the cholera is well known, adopted the use of Ipecacuanha in our neighbourhood with the most favourable results.

The letter which he addressed to me on the subject of cholera enforces this treatment, and as this letter is not generally known I enclose a copy of it, and shall feel great pleasure in being informed that it has been made instrumental in checking, in any degree, through the blessing of God upon it, the progress of a disease, which, even in this enlightened country, is comparatively but little known. I am, Sir, your very obedient servant,

ROBERT GRAY,
Rector of Sunderland.

Sunderland, August 28, 1834.

"Sunderland, October 1st, 1832.

"DEAR SIR,—You did me the favour to ask my opinion of the best way to treat the symptoms which usually precede an attack of cholera, when proper medical advice cannot be procured; and I am happy to submit it.

"On account of the rapidity of cholera and the danger of delay, its popular treatment should be rendered as clear and simple as possible; and I would strenuously recommend the adoption of the following plan:—

"Cholera is almost always preceded by a *bowel complaint*, consisting of watery purging. For this bowel complaint, with or without other symptoms, an *emetic*, composed of half a drachm of ipecacuanha, should be taken without delay; and, after free vomiting from the emetic, a *bolus*, composed of five grains of calomel and two grains of cayenne pepper. In one or two hours after the use of the bolus, an ounce of castor oil should be taken, or a dose of jalap or rhubarb.

"If the symptoms are so severe as to confine the patient to bed, blood should be immediately drawn from the arm to the extent of twelve or fifteen ounces; and the body should be kept warm by blankets, and bottles of hot water rolled in flannel.

"After the above treatment, in case the watery purging be not abated, the calomel bolus and the dose of castor oil should be repeated daily, until *bile* appears in [the discharges from the bowels, or until three or four boluses have been used.

"A patient threatened with cholera ought not, on any account, to take any laudanum, brandy, or other spirits; for, although their use checks the symptoms at the moment, it allows them in general to return in a short time with increased violence. I am, dear Sir, very faithfully, yours,

"JAMES KENNEDY.

"P.S. The doses of medicine which I have mentioned are only suited to adult patients. Children will require a smaller quantity, proportionate to their ages and constitutional strength."

ON THE

"PHTHISIS MELANOTICA"

(SO CALLED) OF

COAL-MINERS.

To the Editor of THE LANCET.

On perusing the 559th No. of your excellent journal THE LANCET, a paper headed "Cases of Spurious Melanosis of the Lungs, or of Phthisis Melanotica, by William Marshall, M.D., Cambuslang, near Glasgow," attracted my attention.

Dr. Marshall, in the preliminary part of his paper, says "that he has been induced to make these cases public, first, for the purpose of calling the attention of medical practitioners having the charge of colliers, to this disease, which seems peculiarly to attach to that class of men; and, secondly, from a desire to contribute to the published information on the disease, of which, comparatively, little is known."

The intention of Dr. Marshall, no one will doubt, is good, and it would be well if every one belonging to the profession had the same spirit and desire; but I am rather afraid the Doctor has been misled by these cases. In my humble opinion, these cases are not melanosis of the lungs, but rather pure, simple, every-day phthisis. In coal-miners, especially those who have been bred to the trade from boyhood, all of them will be found, more or less, having this melanotic disease of the lungs, as Dr. Marshall calls it. It arises from the very nature of their employment, being continually working where coal-dust is flying about in great abundance.

I do not consider the black expectoration to be a disease, but quite the contrary. I have not had many opportunities of making post-mortem examinations of these men, but respecting the few that I have had, I can confidently assert that it is not phthisis melanotica. No doubt the symptoms of the disease and the appearance on dissection, of the two cases related by Dr. Marshall, presented all the signs of melanosis; but still, taking into consideration the occupation of the men, it is most probable that they died from actual phthisis pulmonalis, and that the expectoration was nothing else than pus combined with a quantity of coal-dust, and perhaps a little mucus.

To prove that the colouring matter of this expectoration is coal-dust, or, at least, that this supposed affection is, in a measure, perfectly harmless, the three following cases may be adduced. The subjects of two of them who received injuries, which they only survived a few hours, were men of sound constitution, and free from all chest affection, to appearance. One of them I had cured of chancre two weeks before. On inspecting their bodies, the lungs were found to be perfectly black, as if they had been macerated for several days in the blackest of ink, and exactly the same, when cut into, as if you had drawn a scalpel through a mass of coagulated putrescent blood. They were two cases which might have been called "melanotic lungs," and yet these men, previous to the accident, were in full vigour of health, without dyspnœa, expectoration, or cough. They had been colliers from boyhood.

The other case is that of an old man aged nearly seventy years, who had been upwards of fifty years a collier, or from his first entrance into the pits. He has left off working within these few years past, not from chest or any other internal affection, but from frailty, and chronic rheumatism in his shoulders and ankles, to which he has been subject for many years. He is tall, and naturally slender, his appetite is good, he sleeps well, except when the rheumatism troubles him from change of weather, and has but a very slight cough, which is an attendant on almost every aged person; but when he happens to catch any cold, the cough is rather increased; so is the expectoration, which, for some time, at the commencement, is deep black, and apparently composed of mucus and coal-dust. After a few days it gradually becomes whiter, till it arrives at its natural colour; after these catarrhal affections he has occasionally spat up a streak or two of blood, in the natural sputa, which was immediately checked by acetate of lead and opium. The first time this kind of sputa was noticed, was during an attack of the influenza which prevailed so much last summer. At its first appearance he was exceedingly alarmed, but from the state of his health and his bodily functions being good, I told him that I did not see any cause for alarm, that I did not think it in the least dangerous, and that it would soon disappear. My prognosis was correct, so far; it did a few days after disappear completely. Since that time it has reappeared once or twice, but at those times it was exceedingly little in quantity,—only an expectoration or two. This man has no dyspnœa, no cachexy, nor anasarca; neither has he any pain whatever throughout his chest. The sputa has now left him these four or five months back. Neither percussion nor the stethoscope detects anything.

At the conclusion of Dr. Marshall's remarks, he says "there can be little doubt that the black matter does not appear in the expectoration until the substance of the lung begins to break; the black expectoration, in fact, marks the stage of commencing excavation, and it increases in quantity as the destruction of the lung advances." I fully concur with the Doctor in all these respects, for the black matter, or coal-dust, being inhaled, it is everywhere deposited throughout the lungs, and as the lungs go on destroying, the coal-dust which is attached to the particular part of the lung affected, must inevitably follow, and be expectorated along with it.

Finally, it has been said that coal-miners are more subject to the supposed disease than any others. This I conceive to be altogether owing to the air being contaminated with so much coal-dust; and I fully believe that millers, or any other persons whose occupation is very dusty, are as much predisposed to phthisis melanotica as coal-miners. In this opinion I am, and shall continue, confident, until future experience, either of my own or of some one else, proves the contrary. Hoping, Sir, you will excuse me for encroaching so much upon your pages, I remain,

Your obedient servant,

MATTHEW GIBSON, Surgeon.

Govan Haugh, Glasgow,
Aug. 23, 1834.

ADVANTAGE OF TREATING

ACUTE TONSILLITIS

WITH THE

NITRATE OF SILVER.

To the Editor of THE LANCET.

SIR,—I am still of opinion, in spite of your correspondent's two cases (inserted in this day's excellent No. of THE LANCET, page 760), that the application of the *nitrate of silver* in substance, if freely and properly applied, is far superior, and far more certain with respect to its result, than any other plan or application at present in use, for a speedy and effectual cure of tonsillitis, in whatever form it may present itself. In the simplest form of the disease, where the inflammation has not terminated in suppuration, once lancing may arrest its further progress, I am ready to admit; but so will one application of the nitrate, as the following recent case will prove, to which many others might be added.

CASE 1.—Mrs. Baldwin, Crown Court, Soho, consulted me, August 1st, 1834. I found, on examining the throat, the right tonsil highly inflamed and much swollen, causing great pain, constant nausea, and dread of swallowing. I applied the nitrate freely over the whole gland, and ordered an aperient. When the patient returned on the third day, the inflammation and swelling had entirely subsided.

CASE 2.—In the evening of July 6th, 1834, I was requested without delay to visit Madame Abbotbole, residing at 13, Gerrard Street. Here the right tonsil was enormously swollen, the left being entirely hid. She had become suddenly affected on the preceding Monday, and since that time had applied large linseed-meal poultices to the throat. Scarcely any food had been taken by her, or rest enjoyed since Tuesday, and all liquids attempted to be swallowed were forced back through the nose. I rubbed the nitrate freely over the whole mass, and as liquids could not be swallowed without great difficulty and pain, I ordered no medicine.

7th. Repeated the application, and in the course of the day the tumour burst. Saline aperients were then prescribed.

8th and 9th. The same treatment.

10th. The tonsillitis entirely subdued, although she had recovered only a few days from an accouchment.

So favourable a result as occurred in the second case, would not, I think, under the same circumstances, had the scalpel been used, have taken place; and with your permission, Sir, let me ask how frequently do we not see in our public institutions, where the usual method of treating tonsillitis is by lancing the glands, followed by general or local blood-letting, gargles, the warm-bath, &c. The disease still ran on unchecked, the local and constitutional symptoms rapidly getting worse, a sloughing or gangrenous condition of the parts succeeding, and, if not arrested, death claiming the victory! It is evident, that the "cutting of the tonsils horizontally with a dissecting scalpel to a considerable depth," will not always prevent this hopeless condition, while the nitrate of silver most certainly will.

Cases presenting these terrible symptoms are by no means rare in this crowded town, especially among the half-starved Irish, who, in conjunction with the treatment by the scalpel, have had the nitric and the muriatic acid, or chlorine remedies, formerly and properly used, without avail; yet when submitted to the nitrate of silver, they have quickly recovered. This I have proved on various occasions within

the last five years, without experiencing a single failure. Otherwise I would not offer the plan to the notice of the profession. I am, Sir, your obedient servant,

JAMES H. HORNE,
Surgeon, &c.

5, Gerrard Street, Soho,
August 23rd, 1834.

NEW INSTRUMENT FOR CRUSHING STONE IN THE BLADDER.

To the Editor of THE LANCET.

SIR,—The readiness you evince, upon all occasions, to insert in the pages of your valuable Journal remarks on any subject of interest connected with the profession, is too well known to require from me a lengthened apology for requesting a small space in an early number of THE LANCET for the following brief account of a newly-invented lithontriptic instrument, which was exhibited some weeks since at this hospital, by a Mr. Samuel Offord, of Stowmarket, a young man of considerable mechanical genius.

You will, in all probability, Sir, recollect having noticed in your Journal, twelve months since, a very clever instrument, invented by the same person, intended to supersede the employment of the bed in common use. It consisted of a guard for steadying the percussor; and so constructed that a hammer, on the principle of the common gun-lock, was attached. The instrument was tried upon a dead subject, and afterwards upon a patient, at Guy's Hospital. The result of the latter experiment, I believe, was not very satisfactory, in consequence of the percussor being so small as to admit of the free escape of the urine. It was also slightly defective in the beak. The zeal of the mechanic appears to have suffered no check from these certainly trifling defects, but rather renewed energy, being fully satisfied in his own mind that the use of the guard would, sooner or later, be preferred to the bed. The accompanying rude sketch may serve to give a slight idea of the instrument. It is a very considerable improvement upon the original plan; and in no point perhaps more so than in the position of the hammer; which, instead of describing a part of a circle, as the one on the gun-lock principle, is made to pass in the same line as the percussor is placed, so that the extremity of the female part of the percussor receives the concussion of the hammer directly on its centre, not obliquely, as must be the result from the action of the lock. The instrument, upon the whole, exhibits an elaborate piece of mechanism. My numerous avocations prevented me from forwarding this paper to your office some time since; and, moreover, I was led to believe that the instrument would have been introduced to the attention of your readers by more competent hands. I have, however, looked in vain for a notice of it in the pages of THE LANCET.

I have the honour to remain, Sir,
Your obedient servant,
HORATIO BLOOMFIELD.
London Hospital, Aug. 18, 1834.

*** We intended to give an engraving of the instrument, from the sketch forwarded by Mr. Bloomfield; but, on further consideration, we feel satisfied that no useful purpose could be served by that procedure, as it would be impossible, from the representations we could place before our readers, to enable any person to manufacture the instrument with correctness. "Elaborate" mechanism cannot thus be copied. We venture to suggest to Mr. Bloomfield that it would be better to have careful drawings lithographed of *all parts* of the apparatus, accompanied by exact descriptions; and in such form that the plate could be transmitted by post, on application to Mr. Offord, to any surgeon who was desirous of forming his own judgment as to the practical value of the instrument. Should such a plate be prepared, we will, as journalists, with pleasure make the circumstance known to our readers; and Mr. Offord will, with equal pleasure doubtless, as a manufacturer, undertake the useful and profitable duty of receiving orders for his invention.—ED. L.

THE LANCET.

London, Saturday, Sept. 6, 1834.

A CORRESPONDENT who has signed his letter "VINDEX," has addressed us in a spirit of anger concerning the evidence of Sir HENRY HALFORD, published in our last Number. "What," he asks, "is "your object, what can be your motive, "for thus misrepresenting the evidence of "a man who is esteemed by the aristo- "cracy, who is respected by the profes- "sion, and who is honoured by the Fel- "lows of his College? Is it not a scan-

"dalous and atrocious libel to put into "the mouth of a man words which he "never uttered, and thus render him "odious in the eyes of all those persons "who are deceived by your statements "and misrepresentations?"

We are pleased with this attack. The disagreeable task in which we are engaged is disburdened of no small portion of its irksomeness, on discovering that the *friends* of Sir HENRY HALFORD feel indignant at the supposition that we have attributed, falsely attributed, testimony to the renowned Baronet, of which that worthy person is himself the veritable author. What! is the evidence of such an odious character, that it would be a base act to assert that it had been delivered by the President of the College of Physicians? But we do not deny that it would be highly dishonourable either to allege or to insinuate that any respectable physician had tendered the answers which we have ascribed to Sir HENRY HALFORD, if they had not actually been given by him—aye, to the very syllable and letter. And here let "VINDEX" take his answer; here let him find his consolation in the fact, to which we pledge the character of this journal, that our report was strictly accurate and faithful, and if he be not satisfied with this, we advise him at once to confer with Sir HENRY, and endeavour to extort from that ingenious personage, if he can, a denial of the accuracy of a single statement which we have advanced.

So so! the FELLOWS wince, do they, under this exposure of their misdeeds? It is high time that they were subjected to a little of that torture which they have so liberally bestowed on others, and, so far as we are concerned, the resolution is formed that the rod shall not be spared. But we are at the same time resolved that it shall not be applied unjustly. "VINDEX," we fear, is not an overshrewd observer. He evidently does not know the intellectual and moral peculiarities of his associates.

In the evidence printed at the conclusion of the leading article in the last LANCET, it was stated that Sir HENRY HALFORD had been asked "whether the Col-"lege had any reason to doubt the le-"gality of the by-law which restricted "the admission of candidates for the fel-"lowship to the graduates of Oxford and "Cambridge;" and that he replied, "I "take it to be an election, and quite at "the option of the College. If a person "is once licensed, they may take that "person into a fellowship whenever they "please." Afterwards he stated, that the President or any one of the Fellows had the right of proposing a Licentiate for admission.

Had the questions stopped here, the profession, in the absence of information derived elsewhere on the subject, might have concluded that the College was a very liberal institution, and that the proposing and the electing were matters of every-day occurrence. A statute was enacted shortly after the expiration of the year 1765, authorizing Fellows to propose Licentiates for election into the order of *candidates*. Hence the witness was asked the following question, and the answer is well worthy of remark; it exhibits, at one view, the constitution of the College, and the mind of the witness.

Ques. "*How many* Licentiates have been *elected* into the College, on the *proposal* of a FELLOW, from the first passing of that statute down to the present time?

Ans. "I do not know that *any one* has been elected, but I do not know *why* they have not been elected. I know very well that one was proposed a very short time ago, and that he would have been elected, but he *died* before the period of election could come on."

Thus, in a period of upwards of sixty years, none of the Licentiates were admitted into the College by means of the "dispensing statute" which was so generously framed for their honour and bene-

fit! Not a solitary *one*! Subsequently, Sir HENRY stated that he "did not know the "reason which prevented a Licentiate from "being proposed; but," the wily President added, "he is to be submitted to an "examination, and that *might* deter per-"sons from wishing to be proposed." Still, he was afterwards obliged to confess, that the examinations for *Fellow* and *Licentiate* were PRECISELY SIMILAR! The Licentiate, then, having already submitted to whatever scrutiny the College chose to institute, how much meanness of spirit was there in the insinuation that the Licentiates refused to be proposed by Fellows, because they *dreaded an examination*,—an examination which they had previously passed and laughed at! But it has happened more than once, that the proposition made by one Fellow for admitting a Licentiate into the order of candidates, *has not*—such an extraordinary set of Fellows have they been—*even found another Fellow to second it*, from which cause it has fallen profitless to the ground. The gentleman who "*would* have been elected" was Dr. PEARSON, but Sir HENRY tells us that the unfortunate gentleman died before the election "*could* come on." The proposal for admitting that gentleman to an examination, with a view to his obtaining the fellowship, was made at a time when he was upwards of seventy years of age—at a time, possibly, when it was *known* that his enfeebled brain could not endure the pressure of a classical cramming, and we believe it is an admitted fact that Dr. PEARSON expired in the attempt to render his ancient understanding capable of undergoing a scrutiny in classical and elementary knowledge. Nothing could be more wanton or cruel than to require that a physician of respectability and repute, who had been engaged in the practice of his profession during nearly half a century, should submit to an examination conducted by the comparatively boyish censors of the College. It was an act of satanic barbarity, the consummating of which was prevented only by the death of the venerable man who was to become the subject of it.

Sir HENRY was next questioned regarding the case of Dr. WELLS:—"Are you aware," said the chairman, "of an "attempt made by Dr. WELLS, a Licenti-"ate, to find admission into the College in "1797-8?"—"I am," was the answer; and here we have an account of the circumstances connected with that attempt:—

Ques. "Are you aware of the objection that was taken to Dr. Wells's first application, viz. that no notice had been given to the fellows of an intention to propose him?

Ans. "It is a standing order amongst us, that no fellow can make a proposal without first of all communicating it to the president. If there was a want of form in doing that, the fellow who proposed him was answerable for that omission.

Ques. "Is there any mention, in the statute in question, of notice to the fellows being necessary?

Ans. "It is a general rule that every thing proposed should, in courtesy, be mentioned to the president first of all.

Ques. "Are you not aware that, subsequent to this application by Dr. Wells, the College passed a statute, that notice in such case should be necessary; admitting, therefore, by passing such a statute, that to give notice was not the rule previous to its passing?

Ans. "It should seem to imply that; but it is matter of courtesy, acted on, though not expressed, perhaps.

Ques. "Are you aware that Dr. Wells alleges that he actually did give notice?

Ans. "I am not aware of all the circumstances of that case; no judicial inquiry, I believe, was held upon it.

Ques. "You were probably acquainted with Dr. Wells?

Ans. "Yes.

Ques. "Probably you considered him a person of the highest honour and character?

Ans. "I firmly believe so.

Ques. "Therefore what he has himself recorded you would believe to be correct?

Ans. "A man might take a false view of his own case. I do not impugn his honour or his virtue in any respect.

Ques. "You admit that, after Dr. Wells had been proposed, before the next anni-

versary of the College, the College thought it necessary to pass a by-law, expressly providing, that in all cases of proposing licentiates to be admitted as fellows, a quarter of a year's notice should be given?

Ans. "Yes. The comitia majora ordinaria are held quarterly.

Ques. "Does not that seem to imply that no such notice was required by the previous statutes of the College?

Ans. "Perhaps it came under the general head of the courtesy that belonged to the transaction of business with regard to the president; but if it were imputed to him as a fault that this courtesy was not paid, then a written by-law was necessary to make it the practice in future.

Ques. "Dr. Wells says, 'I proceed to assert, that notice was given to the College of Dr. Pitcairn's intended proposal. If the proper person for receiving it was absent from his duty, the fault lay with him. Among the many illiberal circumstances of the by-law for admitting licentiates to an examination is this: that no person can be proposed under it, except upon one day in the year, namely, at the general meeting of the College immediately after Michaelmas. I had not been able, before the 20th of September, to ascertain whether or not I could be proposed in 1797. Two days after this, and seven days before the meeting of the College, I went to the president's house in London, to inform him of what was intended; being desirous that, although such a notification was not required, it should not afterwards be said that an attempt had been made to surprise the judgment of the College. I was told that he was in the country, at a considerable distance from London, but that he was expected to return in a day or two. Upon this I wrote a letter at his house, which I left there, to acquaint him with the object of my visit. Three days after, however, I learned that he was still out of town, and probably would not come to it till the day preceding the meeting of the College. In consequence of this information, I immediately sent a letter to him in the country, to make known what was meant to be done. On the same day I called upon the officer of the College whose business it is to summon the fellows to their meetings, and authorized him to acquaint those whom he should see that I was to be proposed for examination. I gave the same information myself to one fellow, my colleague, Dr. George Fordyce. If I did not give it to more, this was from fear lest the doing so might be regarded as an indirect solicitation of votes. Yet, notwithstanding all this supererogatory care to apprize the president and fellows of the College of what was intended by Dr. Pitcairn, they were bold enough to refuse even to allow his proposal to proceed to a ballot, on this pretence, among others, that it had not been properly notified to them.' After reading this, which will bring the circumstances, perhaps, to your recollection, are you still of opinion that no notice was given to the College?

Ans. "I cannot pretend to contradict that as a fact; but it ought to be recollected that it is the statement of a person who was disappointed in an object, and therefore I think the representation there ought to be received with some little degree of caution.

Ques. "Supposing the *facts* here alleged to be *correctly stated*, would you then adhere to the opinion that no notice was given?

Ans. "*That is a matter that everybody can decide as well as myself*, if those are documents from which the inference is to be drawn.

Ques. "Supposing those facts to be correctly stated, would you still maintain that no notice was given?

Ans. "I could not, if that is all true. I was asked, in the first instance, whether I believed Dr. Wells to be a man of honour and credit; I do so; but I cannot be responsible for every statement made by Dr. Wells on a matter in which he was disappointed.

Ques. "On what ground was it that you stated that no notice was given?

Ans. "I have no means of speaking to a fact of that kind; I was not an officer of the College.

Ques. "Is there any record in the College to that effect?

Ans. "I do not know.

Ques. "You are aware, perhaps, that Dr. Wells was not even balloted for, but that the Fellows moved the previous question?

Ans. "The records of the College will state that to be the fact if it is so.

Ques. "Is it not the fact, that subsequent to this rejection of Dr. Wells, not a single licentiate has ever been elected into the College under that statute?

Ans. "One was proposed the other day, and would, if he had not died, I firmly believe, have been elected into the College under that statute. I have no hesitation in saying so, for it was unanimously received.

Ques. "That was the only case in which a licentiate has ever applied since that period?

Ans. "I do not apprehend that any act of injustice is done to the individual by not giving him the fellowship; he of course has no right to demand it; he has a right

to call for admission as a licentiate, and great injustice is done if he does not receive that according to his qualification; but, I apprehend, no Licentiate has a right to demand to be admitted a Fellow; and that would have governed my judgment, probably, in Dr. Wells's case.

Ques. "They do not claim to be admitted as Fellows, but to be examined with a view to being admitted as Fellows?

Ans. "Yes; they have already undergone that examination as Licentiates, and have been admitted, and the College needs not entertain any further demand from them.

Ques. "Do you call that a demand which is authorized by the existing statutes of the College?

Ans. "Yes, I do; the College may make what conditions, in respect of a compliance with those demands, it pleases.

Ques. "If a Fellow thinks proper to propose a Licentiate to be examined, do you call that a demand upon the part of the Licentiate proposed to be examined?

Ans. "No, not exactly; it is permitted to any Fellow to propose a person under such conditions; I do not call that a demand upon the part of the Licentiate.

We pass over a few questions in this part of the examination, and come to others which bear on the same subject:—

Ques. "There is another statute, which allows the president, as a matter of *favour*, to propose Licentiates for admission into the body of the College. When was that statute first passed?

Ans. "I cannot tell the year; it has been acted on LARGELY of late years.

Ques. "What is the form of the statute?

Ans. "That the President has the power of proposing, every year, at his discretion, a person, of the number of Licentiates, to be admitted a Fellow. I have been President of the College fourteen years, and I think that seven or eight have been admitted during that time from the number of the Licentiates, and persons of all persuasions, of all descriptions, of all religions.

Ques. "How do you account for Licentiates having been admitted, according to this statute, on the proposal of the President, and none having been admitted under the statute on the proposal of a Fellow?

Ans. "I know not any reason, excepting that, on the proposal of a Fellow, the Licentiate is to undergo an examination; on the proposal of the President, he is not examined.

Ques. "Many have been admitted on the proposal of the President, but none on the proposal of a Fellow?

Ans. "No. One was *proposed* by the Fellows the other day, but he *died* before the ballot could take place."

The evidence just cited, maintains the character of the portion which we had previously published. It exhibits in a most glaring point of view the tyranny and misrule which have so long disgraced the College of Physicians, and scandalized and insulted the profession. The Fellows have always made a sport of the rights of the Licentiates, and have rioted in enjoyment because they were enabled to offer insults to that body with impunity. Nothing was ever more monstrous than the construction of the dispensing statute by means of which Dr. WELLS most unwisely endeavoured to obtain admission into the Fellowship. First, a Fellow was to *propose* the Licentiate for the "order of candidates;" that proposal was to be seconded; and then it was to be carried by a majority ere the nominated party could be sure of the privilege of *undergoing an examination* before, in many instances, his juniors in age, and his inferiors in medical attainments. In one case there were no proposers, in another no seconders, and in both every technical objection was urged with avidity, in order to defeat the object of the Licentiates. Naturally enough, forty-nine out of every fifty of the Licentiates have always viewed this statute with contempt and scorn, and would not consent to the degradation of a second examination,—would not admit the right of the Fellows even to institute such an examination,—and, accordingly, have never troubled the "dignified Fellows" to make proposals for admitting them into the class of "Candidates." But mark the ingenuity of the devices of the College. See how aptly contrived have been the laws for effecting the subjugation, the humiliation, and even the sycophancy, of the licentiates. The *President*

has had the power of *appointing* Licentiates to the Fellowship; the Fellows themselves have had the power of nominating and *electing* Licentiates. By such a double-faced project was it hoped to win over that body,—to ensure their compliance with every infamous mandate, their quiescence under every act of injustice,—because the contrivers foresaw that there would thus be viewed, in the distance, a remote chance of preferment, which might be attained through the favour either of President or Fellows. Poor Dr. PEARSON was to have been rewarded for *his* fifty years' patient endurance of wrong, but we are three times told by the supple President that "he *died* before the ballot *could* take place."

Already has it been seen that not a single Licentiate was admitted into the College under the statute which enabled the *Fellows* to nominate and examine the members of that body. But what says Sir HENRY respecting the Presidential prerogative? "I,—I,—the renowned Chief "of the College,—enjoy the power of caus-"ing Licentiates to be admitted without "examination. Have I not exercised my "privilege under that statute most libe-"rally?" "Truly, it has been acted on LARGELY of late years." LARGELY! Large and small are relative terms. What does the learned President mean, then, when he states, that it has been acted on "largely?" We must appeal to the comprehensive mind of the witness for an explanation of the term "large," as regards its reference to the admission of Licentiates to the Fellowship,—the Licentiates being, it will be recollected, about three times as numerous as the Fellows. Here, then, is his exposition.

"The statute has been acted on LARGELY "of late years. I have been President of "the College FOURTEEN years, and I "think that SEVEN or EIGHT have been "admitted during that time from the "number of the Licentiates,—persons of "all persuasions, of all descriptions, of "all religions."

There! Is not *that* a "large" admission? Seven Licentiates in fourteen years,—half a Licentiate annually! What idiot is it who has talked of depositing the brains of some men in a nut-shell? What an appetite the Fellows must have for Licentiates! *Seven* of them swallowed in a brief Presidency of *fourteen* years! But the extent of the favour, and the high quality of the liberality, seem to have inspired the witness with feelings of grandeur which are closely allied to those of the Ant that thus commenced its poetic address to the Mole-hill:—

> . . . . . "Prodigious mountain!
> What eye can scan thy cloud-capped summit?"

But the "large," the *immense*, admission of Licentiates would have been still "larger" (*mirabile dictu!*) had not a "proposed" candidate died, whereby the FELLOWS, generous souls! were deprived of the opportunity of *examining* a septagenarian physician, and, fabricating one "Fellow" in the confined period of *sixty-nine* years. But the seven, the SEVEN,—that bewitching, magical number! We had already the "Seven Wonders of the World," but we have now a greater prodigy in the seven Licentiates, whose conversion into Fellows occupied fourteen years. The vastness of the number, however, is best shown by the fact, that the admissions have embraced persons "of *all* persuasions, of *all* descriptions, of *all* religions." Really, Sir HENRY is a well-informed man; he is, in fact, precisely the being who should preside over such a College as the institution in Pall-Mall East.

We cannot close this article without appending to it that portion of the examination which related to the exercise of the President's power to recommend Licentiates during the last two years. The ancient

otter, though slippery as an eel, was speared at every point.

Ques. "Did you exercise the privilege, as President, of recommending a Licentiate for admission last year?

Ans. "No, I did not last year; I have done it within this last fortnight, and I will state, *fairly* (!) before the Committee, that if I had seen a person of *extraordinary eminence* who was *entitled to that distinction*, I would have done it last year.

Ques. "Who is the person you have selected for admission into the College this year?

Ans. "Dr. Wilson Philip.

Ques. "Was not Dr. Philip as celebrated for his discoveries *last* year as he is *this* year?

Ans. "Perhaps he was; I believe he was; he must be of ten years' standing; he was about eleven years, perhaps.

Ques. "Was it not *a fact* that Dr. Philip was as well known *last year* for his discoveries as he is this year?

Ans. "*I believe he was*, but there was a *controversy* going on at the time with an eminent person with whom he was engaged, and, *perhaps*, it was *better* to let that be determined before he was proposed!!!!!!"

EFFICACY OF VACCINATION AGAINST THE WHOOPING-COUGH.

Jumer had already pointed out the efficacy of vaccination in mitigating, if not preventing, the extension of whooping-cough. The Italian physicians have lately made some experiments on this subject which deserve to be repeated on a more extensive scale.

M. Griva, since director of vaccinations at Turin, in a memoir on variola (*il severino*), says, that several cases of whooping-cough which have been much mitigated by vaccination, are reported by Drs. Ferrari and Ambrofus. During the course of the varicella the spasmodic cough gave place to a simple cough of slight bronchitis, and in some instances the disease was very manifestly abridged. During an epidemic of whooping-cough, Dr. Boccardi also employed vaccination on very young children, and found that the mortality previously caused by the disease was immediately arrested; the cough assumed a milder character, and was in most cases limited to three or four weeks, whereas its ordinary duration is more than forty days. Several similar facts have been witnessed and reported by Drs. Orlandi, Mattura, Fablerone, &c.

RECORD

OF THE

CONCOURS HELD AT PARIS,

IN JUNE, JULY, AND AUGUST, 1834,

To supply the Vacancy in the Chair of

CLINICAL SURGERY,

(Concluded from page 770.)

ANTERIOR CLAIMS OF THE CANDIDATES.

We arrive at the fourth and concluding trial of the competitors for this chair. The appreciation of the "anterior titles" possessed by the candidate, is founded on the length of his services as an hospital surgeon, &c.; on the discoveries or improvements which he may have made in the science of medicine in general, but particularly in that part or branch of it which is connected with the chair in question; and, finally, on the number and value of the various works or papers he may have published.

We shall not attempt to give any very extended particulars of the life or writings of the principal candidates in the present Concours, but intend to notice briefly the works which they have published, pointing out, as far as we may be able, the improvements, &c., to which each may lay claim.

M. VELPEAU.

Distinguished in early life as a promising pupil at a provincial hospital, M. Velpeau did not cease to support the high character which he brought with him to Paris. His career has been peculiarly rapid and brilliant. M. Velpeau is still a young man, and has not, perhaps, been more than ten years occupied in the profession; yet he has now attained the highest professional honour and, more-

over, has done so without patronage or protection, and, if we consider the quantity of his literary labours, there are few who can compare with him for industry or extent of research.

The medical education of M. VELPEAU has been perfect, and we shall give here a short abstract of his studies and oral exertions, &c., in order to show how laboriously those who aspire to honours in the French capital are obliged to work in the early part of their career.

Hospital Practice.—He spent five years at the provincial hospital of Tours, from 1815 to 1820. Three years at *St. Louis*, from 1820 to 1823, when he graduated in medicine. Four years at the *Hopital de l'Ecole as chef de clinique*. Fifteen months at *St. Antoine*. Since 1830 he has been surgeon to *La Pitié*.

Concours, Trials, &c.—He was *Aide d'Anatomie* at the *Ecole Pratique* (by concours) in 1822. He was *Agrégé* in medicine (by concours) in 1824. He was a candidate at the Concours for Demonstratorship to the Faculty in 1825, when the trial was equal between M. Velpeau, M. Blandin, and M. Bouvier, and was in consequence decided by lot. He was surgeon to the *Bureau Central des Hopitaux* (by concours) in 1828.

Courses of Lectures delivered.—Courses on Animal Mechanics and Physiology, occupying from 1821 to 1829. Courses on Surgical Anatomy, extending from 1822 to 1829. Courses of Operations since 1823, four each year. Courses on Surgical Pathology in 1829 and 1831. A Course on Accouchemens yearly since 1823.

Works.—The following is, we believe, a correct list of the different works and papers which he has already published:—*A Treatise on Surgical Anatomy*, in 2 vols. 8vo, with plates. Two editions.—*Elements of Midwifery*, 2 vols. 8vo. Two editions.—*New Elements of Operative Medicine*, 3 vols. 8vo, with plates.—*Human Ovology*, 1 vol. folio, with 15 plates.—*A Treatise on Contusion*, studied in all organs and tissues.—A work on *Puerperal Convulsions* in 8vo.

In addition to these works, several of which have been translated into English, M. VELPEAU has published the following papers, memoirs, &c., in the different medical journals:—On surgical subjects, 16 papers.—On general pathology, 19 papers.—On subjects connected with the *practice* of medicine, 9 papers.—On the pathology of the spinal marrow, 4 papers.—On physiology, accouchemens, &c., 19 papers.—Besides 20 different articles in the Dictionary of 25 vols., on surgical and anatomical subjects.

M. VELPEAU was one of the first surgeons in France who seriously refuted the exaggerated doctrine of the physiological school on inflammation. He was the first, also, to point out the advantages of a compressive bandage in phlegmonous erysipelas of the limbs, and of a balsam clyster in gonorrhœa. He is the only surgeon who has successfully tied the external iliac artery immediately after the wound of the vessel, and in 1825 he cured two cases of laryngeal fistulæ, by an entirely new method. In addition to these and several other researches, on the torsion of the arteries, traumatic hemorrhage, &c.,—we may add the many propositions of midwifery which have either been established more clearly by M. VELPEAU, or contemplated by him in altogether a new form.

M. LISFRANC.

For the last twenty years M. LISFRANC has taught surgical anatomy, and given courses of operations to a numerous class of pupils. Indeed he may be regarded as the founder of instruction in operative surgery on the dead body, and the rules which he has given for the principal operations are now generally adopted by a great majority of surgeons. M. LISFRANC is rather a surgeon of practice than of literature. He has not even written a single standard work. In this he resembles Baron DUPUYTREN, and if we demand what either of these two great practitioners have done for the science, we must seek an answer either in the productions of their pupils, or in detached memoirs. Several years ago M. LISFRANC commenced a work on Operative Medicine. Half the first volume was printed by Bichet, but whether from indolence or (more probably) want of time, the work has not yet been completed. However, M. Lis-

FRANC announces that it is now in the press. The papers published by M. LISFRANC are to be found either in the memoirs of the Royal Academy, or in the different French journals. They may be classed as follows:—

Surgical Pathology.—Sixteen papers on various important questions in surgery, besides the lectures on the diseases of the uterus published under the inspection of M. LISFRANC in the *Gazette Médicale.*

Surgical Anatomy and Operative Medicine.—Ten memoirs.

Medicine and Physiology.—Three.

There is scarcely one of these papers which does not contain something new or important; we will briefly indicate the principal points.

1st. On blenorrhœa in the male (*Jour. de Méd.* t. iv. p. 424), in which M. LISFRANC proves, by pathological anatomy, that inflammation of the urethra may commence at any point of the canal, and give rise to ulceration, like old inflammatory affections of the eye or the intestine. When the inflammation persists obstinately, it should be attacked by strong astringents, and M. LISFRANC relates several cases in which this method was successful, when no hope of cure remained.

2nd. On the operation for stone in the female. (*Révue Méd.* 1833.) In this paper M. LISFRANC describes his operation for the stone in the female, and notices several points of anatomy before neglected or unknown.

3rd. In a paper read before the Royal Academy, M. LISFRANC explains his new operation for removing the toes at the phalango-metatarsal articulation by a single flap. Before his time, surgeons were in the habit of removing each toe singly, and thus the operation, besides its tediousness and pain, gave no less than ten different flaps.

4th. A memoir describing a new method of removing the arm at the shoulder-joint. M. LISFRANC cuts an anterior flap from behind forward, with a straight double-bladed knife, which he passes across the head of the bone, opening the articulation. The disarticulation is completed by a few touches of the knife, and a posterior flap completes the operation, which is the most simple and easy of any that has been as yet proposed. It does not require more than four or five seconds. (*Arch. Gén.* 1823.)

5th. A memoir describing his method of disarticulating the hip-joint. (*Idem.*)

6th. A paper on the partial amputation of the foot, read before the Royal Academy. In this is found by far the most complete and perfect description of the tarso-metatarsal articulation, its varieties, &c. The author points out some interosseous ligaments not before noticed, and describes the operation of removing the foot at the tarso-metatarsal joint, now universally known under the name of "Lisfranc's operation." (*Arch. Gén.* 1823.)

7th. Various papers on cancer and scirrhus, in which M. LISFRANC has reproduced an idea of the ancients, and shown how scirrhus may exist either with or without inflammation. By a judicious union of antiphlogistics and excitants, he has been able to reduce cancers of an enormous size to a moderate volume, so as to admit of an operation, which was before impossible. (*Arch. Gén.* 1827. *Mém. of Royal Academy*, 1833.)

8th. A paper on the excision of cancerous rectum. (*Gaz. Méd.* 1830.) The authority of MORGAGNI and DESAULT had caused this operation to be rejected from French surgery. M. LISFRANC shows that it is not contra-indicated by anatomical reasons; and he has removed cancerous rectum, with success, to the height of several inches.

9th. The improvements made by M. LISFRANC in several operations are too well known to require comment. His processes for taking up the arteries are, generally speaking, perfect, and are in common use both here and in other countries. He has described new methods for taking up the radial, ulnar, axillary, subclavian, tibial, fibular, and femoral arteries, and has modified, with advantage, several amputations. (*Vide* Manuels of Coster and Malgaigne.)

10th. Finally, M. LISFRANC has for many years professed an entirely new theory

of diseases of the uterus. He invented a new method of amputating the neck of that organ for scirrhus, and has performed the operation on 102 patients, of whom he has cured 86.

M. SANSON.

The early career of M. SANSON also gave promise of the success which he has since obtained. When an interne of the *Hotel Dieu*, he acted as an assistant to M. DUPUYTREN, in the course on surgical anatomy which the surgeon-in-chief gave between the years 1808 and 1812. He then served for several years as assistant-surgeon to the Old Guard; and in 1823, was admitted, by concours, surgeon to the *Bureau Central*. In 1825, he was appointed assistant-surgeon to the *Hotel Dieu*; in 1830, *agrégé* to the faculty, by concours; and, latterly, was charged with the formation of a clinique of ophthalmic surgery at the *Hotel Dieu*.

The principal work of M. SANSON is, "New Elements of Medico-pathological Surgery," published in conjunction with M. ROCHE, who furnished the "medical" part. This is an excellent work, and justly deserves the favour with which it has been received by the profession. He has also edited, with M. BEGIN, the *Médecine Operative* of SABATIER. The additions made by the editors have enlarged this work from three small to four large octavo volumes. These two works contain all that may be regarded as the surgical productions of M. SANSON; viz. the "recto-vesical lithotomy," first described by him in his thesis in 1817; a new method of disarticulating the shoulder and hip joints; modifications of several points relating to the operation for strangulated hernia; and some simple rules for taking up the arteries. M. SANSON has also written a few papers, not containing anything very remarkable, in the Medical Journals; and has furnished somewhat more than thirty articles on surgery to the *Dictionary* in 15 volumes.

We have now concluded a history of this Concours, sufficiently complete to give our readers a clear and just notion (more clear than has hitherto prevailed in this country) of an institution which, notwithstanding some few disadvantages, is of the utmost importance — nay, indispensably necessary—to the establishment of medical education amongst us on a large and liberal basis. In fact, nothing can be better calculated, on the one hand, to draw forth the talent of a surgeon, and prove his practical or literary knowledge; or, on the other hand, to lay bare the pretensions of those shallow neveys and noodles who are palmed upon the public, and thrust upon unfortunate pupils and patients, by the HARRISONS and Sir ASTLEYS, the BRODIES, the BLIZARDS, the HALFORDS, and the ignorant and interested other governor-friends and relations, than a trial such as this, where the candidates are placed, for twenty-six days successively, before the chief men in the profession, and undergo the various tests of superior knowledge and talents in the presence of an enlightened and most attentive auditory, where mere assertion will bear no front against reason, and error is sure of detection by ever-watchful antagonists; and from which ordeal even the least gifted aspirant retires with increased confidence, and encouragement and approbation of the highest kind,—great honour and emolument rewarding the most worthy.

As we have already said, the choice of the jury has fallen upon M. VELPEAU, and no man can doubt that he will make an excellent professor. The learning of M. VELPEAU, and some previous prepossessions in his favour, bore down everything else that was opposed to it. Even the genius and acquirements of LISFRANC were compelled to yield to them in the minds of the judges. None can murmur at the decision. It is a splendid leaf in the laurels of the Concours that M. VELPEAU is the occupant of the chair of clinical surgery. But journalists claim a voice in the verdict of such trials, and we are restrained by no legal tie from declaring ourselves in the minority on this occasion. The quality of his lectures, the excellence of his thesis, and the manner in which he supported his argumentation, combined to bias our decision in favour of M. LISFRANC over the claims of either of his competitors. But the "anterior literary titles" of M.

Velpeau had comparatively nothing to compete with them. In our minds, however, such titles are an error in the Concours. They are claims which either have already been paid by the public, or should be made the subject of some other national reward.

Finally, this is a proper place for remarking that the perfection of a concours lies in the appointment of the jury. In *that* body "anterior titles" can alone be the ground of appointment, and should be scrutinised with a rigidity the most exact. Amongst them must the character for unblemished honesty, especially in former adjudicators of public honours and privileges, shine with conspicuous brightness. This is a quality which will have to be tested in this country by reagents that are likely to precipitate some men, who expect to remain in solution when that time arrives, to the bottom of the vessel, with a fall more heavy than is common in an admixture of candidates for public offices.

LETTER

TO THE

CHAIRMAN OF THE PARLIAMENTARY MEDICAL COMMITTEE.

To Henry Warburton, *Esq., M.P.*

Sir,—Though an estimate of your character, founded on a long and close observation of your public life, would lead me to believe that the exalted disinterestedness of your motives raise you above the commonplace vanity of deriving pleasure from popular applause, yet an acknowledgment of the great services which you have rendered to science and humanity will not, I trust, even by you, be deemed obtrusive or anachronous, at the close of your Parliamentary labours for the present year. Such, at least, I am sure will be the opinion of the many who have taken a deep interest in those proceedings which you have thus far brought to so successful a termination, and which must be for ever associated with your name. The more elevated, indeed, are our ideas of human virtue, the more intensely do we feel a necessity arise within us of recording our sense of the benefits we derive from its exercise; and though our efforts should fall far short of our wishes, the natural impulse of gratitude is in no respect diminished by a consciousness of the futility of the desire to express its full extent. There are services, in fact, so unexpected and so important in their results, that they paralyze rather than invigorate the faculties of expression, and deprive ingenuity itself of the power of depicting the emotions which they excite. Of this description, Sir, are your services, which have their admirers in the humble position of the pauper who has nothing to give in turn for the generosity of his benefactor, but to fall into the mute attitude of feeling, and indulge in the eloquent silence of respect.

This, Sir, is not the language of flattery, of which, I presume, few will be inclined to suspect me, my pen having generally moved in another direction. It is the heart-felt expression of sentiments in which thousands participate, with nought to recommend it, save its sincerity and its truth. The slightest consideration must suffice to show how incommensurate it is with the theme. In the wide field which a seat in the British Senate opens to a man of talent and ambition, you might readily have made a choice which was likely to eventuate in greater popularity and personal advantage; you might have placed yourself at the head of a party, or, coalescing with one already in power, have enjoyed the *aura popularis* while it wafted you on to offices of honour and emolument in the state.

Such, however, was not the course selected by you; merging all considerations of self in the philanthropy of your designs, you entered on the cultivation of a department of our social system, too ignoble, alas! and too obscure, to attract the attention of the lovers of political enterprise; but worthy, from the dignity and utility of its objects even of your inestimable exertions and peculiar care. Abandoned for years to the worst of misrule,—at one time given over to total neglect, at another made the subject of wicked experiment for the aggrandizement of all those who had influence and turpitude sufficient to make it subservient to their own purposes, you undertook the unprofitable task of its reformation, and the labour of elevating it to that rank to which it is so justly entitled. If the wild and lawless condition of Attica,—a prey to plunder, sterility, and oppression,—may be assumed as an illustration of the state of the medical profession in these islands, you, Sir, without the suspicion of adulation, may be well likened to that Theseus whose virtue and heroism freed the country from those evils by which it was infested, and laid the foundation of that career of civilization by which it was subsequently distinguished as the

parent of arts and sciences, and which may serve to typify the change to be expected in the sphere of your proper exertions.

Until the appointment of the Parliamentary Committee, and of you as its chairman, the advocates of medical reform were contending with their opponents without a competent tribunal to decide the contest. They might have gone on as they had done for years, impeaching the enemies of science without any other result than a consciousness of the justice of the charges on the one side and that of denial or evasion on the other. Like the ill-fated Cassandra—*non unquam credita Teucris*—they might have spoken with the gift of truth and prophecy; but their advice and their predictions were cast away on the winds; they were heard only to be forgotten or discredited—in many instances, indeed, because their allegations exceeded what some persons considered as the credible scale of human delinquency. Entrenched within the strong-holds of corporate power the opponents of medical reform derided or affected to deride the attacks of the reformers, and treated their accusations as the inventions of jealousy or malevolence. On the propagation of this delusion, how much money has not been spent! On the support of this principle, how many dunces have not been promoted to pensions and to place!

But the omnipotence of truth will ultimately triumph, and it is by this time manifest on which side it has declared the victory. It is only surprising how slowly mankind admit what they cannot disprove or controvert; how tardily the plainest truths and most comprehensible principles make an impression on the world, which, like Goldsmith's pedagogue, "though vanquished, yet will argue still." To those who have had the good or ill fortune of being somewhat in advance of the errors and prejudices of their contemporaries, the period of incredulous probation to which their statements and opinions must be subjected, appears tenfold tedious; and they may well be permitted to indulge in a philosophic smile at that obstinacy of their fellow-men which is compelled at length to receive what is nothing better or truer than when it was first announced. So, at least, it has happened with the promoters of medical reform and its opponents, for the questions between them no longer admit of rejection or dispute. It is now I presume a matter no longer of doubt, whether professorships have been bought and sold in the market like any other commodity, or bestowed or bequeathed from sire to son, and so on through every gradation of kindred and family alliance, like any other property of a donor or testator. It is no longer a subject of assertion on one side, and of negation on the other, whether offices in our public hospitals have been brought to the hammer to be knocked down to the highest bidder, or whether the sores and infirmities of the aged and the sick have been made the medium of a disreputable traffic, by men pretending to charity and respectability. It is no longer disputable whether the business of education has been converted into a mercenary monopoly for the benefit of particular factions and families, to the detriment of men of talent, and the interests of society. Of the existence of these evils, and all the consequences of which they were the prolific parents, doubt can no longer exist, thanks to him who wrung the reluctant admission of them from the authors themselves; and yet, in this compendious catalogue of abuse, are summed up some of the principal points which have cost medical reformers so much pains to convince their friends, and so much persecution from their enemies!

Intimately, Sir, as your official duties must have made you acquainted with the opponents of reform, your recollection may not extend back to the time when to moot one of these now-admitted truths was considered as synonymous with crime; when all the waste waters of malignity and corruption which could be spared from private consumption were charitably reserved for the annoyance of those who presumed to call in question the virtue, the excellence, the legitimacy, the infallibility, or even the perpetuity, of the reigning and immutable idol of medical abuse. Were this despotism irradiated by the light of science; were its supporters of that order of intellect, and possessed of those accomplishments, which mitigate, though they cannot entirely reconcile us to, the yoke, the burden would have been lighter; but in the hands in which the lamp of science was placed, it seemed to have lost its natural brilliancy, and only to have shown through the surrounding gloom, that the intellectual qualifications of its usurpers were as opaque as their principles of governing the medical profession were erroneous and unjust.

This reflection it was which gave to the dominion of these dusky luminaries its last and bitterest sting; which saddened the heart, and crazed the head, to think that the noblest profession to which man can consecrate his energies, should have been completely and entirely under their control. In this state of things it was that a few individuals who had nerve to withstand, and, as the event has proved, abilities to defend themselves against, the

secret wiles and declared hostility of corporate power, commenced, and have successfully continued, that systematic exposition of abuses and imperfections in the medical profession, which has led to the crisis so satisfactorily consummated by your exertions. Of the pre-eminent services which one individual performed in that struggle, it is impossible to be silent even in a passing allusion of this kind; it is not indeed too much to aver, that if any individual with less courage, talent, and perseverance, than the Editor of THE LANCET has displayed in the management of the cause of medical reform, had undertaken that arduous task, he would in all probability have long since become the victim of his own temerity, and the attacks of the party to which he was opposed. Of the unknown amount of my own efforts, it is not for me to pronounce the worth, or to indicate the extent. They were rendered without prospects of personal advantage, and intended for parental desertion among the general contributions to a common cause,—like the "waifs and strays" of romance,—without mark or clue to their source. There let them rest. Though the "shade of a shadow" but points them out, I feel a gratification at the retrospect, and may add without egotism, that though I may not have been a very efficient labourer, I was at least *very early* in the field, my exertions having been, I may say, almost coexistent with the origin of the Journal in which I have since continued to write.

To you, Sir, we are chiefly indebted for a future exemption from these disadvantages. By subjecting our views and our statements to the test of inquiry, you have placed us at last on an equality with our opponents. But much as has been achieved by your able and impartial labours, much still remains to be done; and I willingly turn from these personal considerations to others of much greater importance. In the construction of an entirely new, or the reformation of the old system, it will require all the care and all the caution of human prudence and prescience to exclude the recurrence of previous errors and abuse.

How this great object, to which every friend of science and humanity now looks forward with trembling anxiety, is to be accomplished, is the great problem to be solved; and to you, above all other men, they look for its safe and salutary solution, for on you it principally depends. On the vast pile of evidence extorted from its reluctant depositories you will, I presume, found a report; and in that document, probably, recommend a plan or outline for the direction of the legislature on this difficult question. Your recommendation, whatever it may be, will no doubt come before the Parliament with all that authority which the opinions of one so thoroughly conversant with the subject must naturally possess.

Here, indeed, appears the first difficulty, for as your power in this matter is paramount to all others, the danger of an erroneous judgment becomes proportionately great. So far as your zeal, abilities, and, above all, your intentions, are concerned, I only announce the sentiments of the medical reformers of these countries, when I state that they have no apprehensions of the result on those grounds. It is the inherent intricacy of the subject itself; the generalization of the multifarious facts elicited in the course of inquiry into effective and applicable principles; but more especially the efforts that will be made to influence the natural rectitude of your views and to thwart your measures in Parliament, which excite any uneasiness in their minds. It is not my purpose at present to offer any remarks by which these difficulties might be diminished, or these designs defeated. An examination of the evidence, when it is printed, will furnish me with an appropriate opportunity for the discharge of that duty; but there is one point connected with these topics to which I shall take the liberty of intreating thus early your particular attention.

There is, Sir, a rumour abroad which attributes to you, whether correctly or otherwise I know not, the intention of placing, in the hands of a board or council, the whole management of the affairs of the medical profession. Of the manner in which the rumoured executive is to be organized, or under what restrictions its functions are to be discharged, I, of course, am ignorant. It is possible, indeed, I am dealing with a mere chimera of the popular imagination; but if there be any foundation for the report, I cannot help observing that the name selected for this new creation is most inauspicious. The very enunciation of these hated appellatives conjures up in the mind of every medical reformer the spectres and apparitions of a system supposed to be deceased, and only to be found among the records of things whose fame has passed away. It is not, however, to the name that the chief objection applies; it is to the thing itself, if formed on the plan of any existing model in the medical profession. Upon this similitude, of course, all would depend: and there are few who would not prefer present evils to those which would arise out of an institution formed of the materials of the old one, or fashioned after its likeness.

But I feel I am committing an unwarrantable trespass on public patience, and I am sure a gross injustice on your character, in assuming as the basis of serious comment the calumnious hypothesis of a self or even government-elected board or council for the regulation of the medical profession. No, Sir, such a project could never have been the offspring of your comprehensive and enlightened mind. It must have been invented by the enemy, to deprive you of the support and sympathy of those whom you have so essentially served. I shall, therefore, dismiss the ill-begotten phantom to the care of its proper parents.

In Ireland the proceedings of a council so appointed would be but a *vifacciamento* of the farce, comedy, and tragedy, with which we have been treated for years, enacted anew by the old *corps dramatique* of Stephen's Green and Sir Patrick Dun. The buyers and sellers of professorships and of hospitals; the blackballers and ticket-venders

would be the persons whom a board or council would be likely to turn again into office, with increased powers of doing mischief, and a diminished liability to popular control. These are the men who most probably would still curse the doctrines of the medical profession under a new name; and, like the giant Antæus, rising refreshed from their late fall, would proceed in the works of corruption with additional force.

Were I to presume to offer you any advice on a question which, perhaps, you never entertained, it would be to remember that the government of the medical profession in Ireland, at least, cannot at present be intrusted to its own keeping, without certain checks and restrictions invested in another power. This may appear paradoxical: I grant it does so, and regret a contradiction so disreputable to our national character. On a future occasion I may reconcile the anomaly with fact, and attempt to point out a remedy. At present I am merely intimating the existence of an unsuspected rock, deeply submerged, no doubt, beneath the calm and deceptive surface of a seemingly prudent and equitable project, but an ignorance of which might prove fatal to the bark in which the hopes of the best friends of medical reform in Ireland are freighted.

Be therefore admonished in time on this embarrassing topic, and do not be led astray by your own notions of what seems a fair and proper course to be followed, and still less by the representations of those false advisers who would encourage the exercise of your benevolent intentions only to abuse them with the first fitting opportunity. In assembling together a number of men (even by that means which of all others appears the most just) to have the advantage of their joint wisdom, you inevitably assemble with those men, all their prejudices, their passions, their errors of opinion, their local interests, their selfish views;—in short, all those elements of evil which, I fear, may but too readily be collected in the present morbid condition of our professional society in Ireland.

Do not, I pray you, suppose that these intimations are the mere results of my observation or conjectures; I offer them not on my own, but on the authority of those persons who must be presumed competent judges of whatever regards their own designs and their own interests. They are, Sir, but the modified echoes of the recommendations of that very party from whose grasp you would emancipate the enthralled republic of science. You could not fail to have observed in the course of your inquiries that when these men saw their case was untenable, as soon as they perceived they were on the point of sinking beneath the tempest of public indignation which their own corruption had excited, they were the first —the very first—to abandon the wretched wreck to its fate, and to fly for safety to a board or council reconstructed out of the materials of the old hulk. A contradiction so palpable and so treacherous could not have escaped your penetration—more particularly on the part of individuals who boasted themselves the exclusive conservatives of the College; the champions who were to fight its battles in a foreign land; the self-devoted "Horatii," upon whose valour and fidelity the very existence of Irish surgery depended. But the moment they discovered that the delusion of any necessary connexion between the school and the College was dissipated; that these institutions were no longer to be considered identical by the public or the profession,—they raised their suicidal hands, and cheerfully consented to the sacrifice of the victim! Honest, faithful, and consistent advocates! and it was for this memorable service that the College emptied its coffers into theirs—generously poured out the dregs of the treasury into their sympathizing bosoms, that they might appear invested with every necessary symbol of dignity and sorrow—with glossy garments and gloomy faces, while consigning its remains to a grave in the committee-room of St. Stephen's Chapel.

These are the high authorities which I place before you for the truth of my suggestions; and are they not all-sufficient for the purpose? For who will dispute the instincts of nature in the discovery and declaration of its proper prey?—or can regard with indifference the safety of the flock when he hears from afar the howl of the hyena and the scream of the vulture? Upon the alternative to which I have faintly alluded, I know that the whole energies of these men are concentrated. They will concede, conspire, prevaricate—do anything, in short, for the attainment of this darling object. It is for you to disappoint their hopes; to frustrate their designs; to save science, to save humanity, from this last and worst disaster, by dealing cautiously, but firmly, with these dexterous and elastic antagonists, who, like the ancient Parthians, discharge their arrows as they flee, and make their retreat more formidable than their resistance.

I have the honour to remain, Sir,

THE DUBLIN CORRESPONDENT OF
THE LANCET.

Dublin, August 18th, 1834.

LETTER

TO THE

MEMBERS OF THE DUBLIN COLLEGE OF SURGEONS,

On their Present Condition and Collegiate Duties as Members of that Institution.

GENTLEMEN,—There are two ways in which I may address myself to you; either through the medium of the public press, or at the meetings of the College. For many reasons, I prefer the former. Here I am heard without interruption, unassaulted by vulgar personal abuse, or malignant invective; the written record remains to defy dishonest and perverted interpretation; opinions and statements pass for their real value (and I desire nothing more); and the office is attended with much less trouble and irritation; for *I* have neither time, inclination, nor taste, to descend to those low tricks and disgusting intrigues which alone give power to a self-elected and presuming junto of our body, and which I must needs do to meet them on equal terms. I avoid, then, those meetings; for there, everything like deliberation or discussion is proscribed; learning and science are despised, improvement and reform detested. By the previous arrangements of a set of individuals, whose highest flight of genius is capable only of a few miserable measures which cunning suggests for its own contracted and illiberal interest, and

who dare to call themselves "the College," the advocate of but one set of opinions meets with any attention; outcry and insult, disgusting to any well-regulated mind, disgraceful to any body that permits it, are the only portion of him who dares to step beyond the duty, function, or privilege, of a member of our College, all of which, according to the liberal interpretation of these generous worthies, lies entirely in this,—blindly, like the horse in the mill, to pursue the beaten track, and by your votes and presence merely give form and legality to measures previously concocted by themselves, solely for their own interests, and, as a matter of necessary consequence, to the detriment of yours.

It occurs to me, then, that it may not be entirely useless, though from the complete novelty of the duty (for now for the first time I appear in print) I may but ill perform the office, to lay before you, from time to time, in the pages of THE LANCET, a few desultory observations on the various subjects connected with our interests. These you will peruse in your respective studies, when the mind, free from the bias of feeling, and liberated from an attempt at domination, as unjustly usurped as it is unmerited, as well as the pernicious free-masonry of party faction, is given up unshackled to calm contemplation and reflection, which alone lead to mature judgment, or valuable conduct.

My object you will perceive is not to excite feeling, to fan the flame of party bigotry, or to advocate partial interests; no such thing. I address myself to your reason and judgment, and those higher principles and feelings which alone ennoble and dignify human nature, and which leave in contemptible shade that path in which *others* would basely lead and drive you. My sole and anxious wish is, to arouse you from that slavish lethargy of thought, person, and measure, which has so long and so strongly beset you; to urge you, by one manful exertion, to throw off the trammels of a usurpation which long has insulted your judgment and outraged your feeling; which you have endured *merely because it existed*, whose being this moment hangs upon your breath, whose coward soul this moment trembles at your nod; an authority which all along has but selfishly sought its own interests, and insultingly made you the tools of its aggrandizement and your own ruin.

Dare to think and reflect; dare to speak and discuss; dare to *act of* and *for yourselves*. This do, and I shall little fear for the honour and dignity of your course, or the wisdom, prudence, and policy of your measures, whether as they regard the character of our body, your own interests, or those of science, all of which I have little hesitation in saying are, by present men and present measures, not only neglected and despised, but placed in imminent peril.

Liberty of thought, freedom of discussion, and rational liberty of conduct, as they are the undoubted privilege at least of every British citizen, are the no less striking characteristics of the times we live in. Shall *we*, then, and *we only*, slowly and meanly lag behind the spirit of the age? Your tame and apathetic endurance of an authority which has the approving sanction neither of your judgment nor your feeling, which you *know* to be *powerless*; your apparent abandonment of everything like manly exercise of reason or the spirit of independence, so remarkable, so prevalent, and I must add, so disgraceful,—has long amazed me. It can only be accounted for as one of the baneful effects of *our* pernicious system of apprenticeship, a system, the chief operation of which seems to be, to limit the love of learning and science, to cramp the powers and exertions of genius, to pervert the ardent and generous feelings of youth, and to substitute in favour of unworthy objects the *habit* of an unthinking personal submission and personal respect, which are the tributes justly and only due to superior knowledge, probity, and talent. Remember you are all legislators; legislators not only for your own interests, but those of science, and, as connected with that science, the interests of humanity and the world at large. You *might* neglect your own interests, and be assured, by your apathy, you do; but remember you are the trustees solemnly bound, not only to take care that no loss or diminution accrues to the interests of a high and honourable profession and the most important branch of science, but that both shall be handed down to your successors, increased in honour, dignity, and effect. You are all legislators, but the office of legislation by no means consists in the spiritless submission to, and the cold apathetic registry of, the dicta of a junto, contemptible alike for numbers, talent, probity, or acquirement. Remember you have all sworn to support the interests, honour, and dignity of the College; verily you have long submitted to a strange interpretation of that oath, an interpretation which almost leads to perjury, for it requires but little sagacity to prove that by it the honour, dignity, and interest of the College are completely sacrificed.

Place no longer any trust or confidence in the contemptible and selfish crew who have so long, so presumptuously, and with such disastrous consequences, usurped the helm of your affairs; they have been long weighed in the balance and long found wanting. What have they ever done towards the enlightenment of surgery as a branch of science, or the promotion of its interests as a profession? Nothing, literally nothing! Under the blighting influence of their ruinous, because selfish, ministry, science has languished and almost withered, and with few exceptions the profession has been reduced almost to beggary. Their policy has ever been, and still is, eminently selfish,—on the one hand, to distribute practice, posts of honour, influence, and emolument, amongst themselves and in the narrow circle of their friends; and on the other, to monopolize teaching and apprenticeships. The object of their legislation, is to make laws to further these ends, while the general funds defray the expense of their selfish career; but general interests are overlooked or immolated. You have recently had another rather expensive but convincing proof of the disinterested policy of these individuals. Even within the last few months they have contrived to distribute amongst themselves nearly A THOUSAND POUNDS of our money, under the paltry subterfuge of influencing legislation in favour of a system which is valuable only to them, but injurious to the proprietors of the money, who nevertheless were prevailed on to squander, with generous chivalry and self-denial, so large a sum, in order to forward the views of a few, who, before long, will be found and felt, without doubt, to have been their bitterest foes.

Strange to say, that while ours is the poorest medical corporation, and the only one in which the body at large has the control of its funds, so great a portion of its substance should be openly and shamelessly appropriated to a few individuals. For doing what? That which they were bound to do under the heaviest penalties, and for which they were paid by the House of Commons. Does not this speak, trumpet-tongued, the moral of their whole story?

But worse remains behind. One and all of that party advocated, if fame speaks true, a course of things, which, while, to be sure, it secures to them the preservation of their own interests and their monopolizing department, completely annihilates our College, and deprives us of every one of those privileges which remain to us, such as they are. "Our profession wanted nothing, our collegiate system was all perfection, save in one respect; it had become too numerous for deliberation, (bless the mark!) and required some system of visitation, or the appointment of some Board," which, consisting, of course, of present influential persons, might usurp all the rights and privileges of the College, and leave it a despicable and inane object of impotence and contempt.

To publish this gratifying opinion to the world; emanating, be it remembered, from your paid and honoured functionaries, who took upon themselves, for thus the story goes, to represent your opinions, and who presumptuously arrogated to themselves the office and title of your ministers, chosen by a democratic body possessing universal suffrage, and therefore completely and undeniably coinciding with the men of their election in opinion, sentiment, and feeling: to publish this gratifying opinion, I say, you have squandered in a few short months about a fifth part of your entire substance.

Members of the College, will nothing open your eyes? How long will you indulge in your sluggish stupor of apathy and inactivity? How long will you patiently endure a contemptible mixture of presumption, ignorance, and imbecility? Will you never thoroughly feel the enlightened enthusiasm of a love of science? Will you only make no manly and vigorous exertion in the glorious cause of the improvement and propagation of knowledge? Will you rather prefer basely to be led by a number of mountebanks and pretenders? Too, too long have you been kept by unprincipled, selfish, and self-elected guardians in a state of nonage and leading strings, while your just estates, the fair fields of science, have been suffered to run miserably to waste, or have been preposterously and ignorantly cultivated so as to yield no valuable or productive return. Demand your just rights; assert your undoubted privilege; vindicate your undoubted power; take the management of your affairs into your own hands; and drive from you into merited obloquy and contempt, those unjust guardians who, while they selfishly sought only their own *pecuniary* advantage, have sadly injured your property, and almost made yourselves a laughing stock to the world, *as you are to them*, already, for your tameness and submission.

Members of the College, arouse yourselves before it be too late; before your property has entirely lapsed from you, or you have been deprived of all power and privilege. Before long it may be too late. Now is the accepted time; now or never. From this moment assert your independence. No longer trust false friends; drive faction from your council chamber; break up that dishonourable, disgraceful, and disgusting compact which brings down a shameful imputation on the character, credit, and honour, of every member of the College. You are bound to do this; you can no longer shelter yourselves within the walls of the College; the eyes of the public and the world are upon you, for your case has been trumpeted to the universe. Give up the character of boyhood that you have hugged so long; assert the dignity of the man; let his grand prerogative of reason and thought be fully exercised and restored; sanction by vote nothing, no matter from what quarter, that is not consonant with reason's unbiassed dictates. Under its guidance go with the spirit of the age, and renovate and reform your entire constitution. Anticipate the legislature, else will you be passed over as a cipher by it, while you are betrayed by friends. Remember, you have the power entirely in your own hands; the will and inclination alone are wanting, or, rather, are not put in motion. Reflect on these things; the time draws near, and now is, when you may put them into execution.

Gentlemen, I am your friend, and

A Member of the Dublin College.

Dublin, August 23, 1834.

ELECTION AT TUNBRIDGE WELLS DISPENSARY.

Mr. Cheyne, whose letter on a late election at the Tunbridge Wells Dispensary appeared in our Number for Aug. 9, and was replied to by Mr. Way, in The Lancet of Aug. 23, has forwarded to us a rejoinder, containing the following passages, in justification of his first communication, "which was entirely the result," he observes, "of a sense of public duty, occasioned by the existence of an evil of great magnitude."

"First, it has been objected, that I omitted to mention the cause that led to my connexion with the Dispensary last spring. This is a mere quibble. The late house-surgeon was certainly no friend of mine; and whatever the motive that induced me to take upon myself his duties, the correctness of the fact, and the soundness of the principle upon which my claim rested, were unchangeable.

"I may observe, also, that although, in compliance with the terms of the advertisement, and in order to rest upon the same ground as the other candidates, my testimonials were sent in with theirs, I by no means consider that documents of such a nature afford satisfactory proofs of practical ability. The gentleman, however, whose laurels I am charged with secreting, is my friend, and cannot be classed with the unsuccessful candidates; since he resigned on the morning of the election, with the feeling of the impropriety of opposing me, as well as for another reason, which I am not at liberty to explain.

"I now, sir, approach a point of much greater importance. Notwithstanding Mr. Way's disavowal, I cannot retract one word of my assertion respecting his late assistant. The obnoxious regulation of which I complained was commonly spoken of and defended as a thing of course, when I was in the country. Indeed, a letter was shown to me from the treasurer of the Dispensary (addressed to one of the candidates, in answer to an application for particulars), in which the stipulation against practising in the event of a resignation of the appointment was expressly insisted upon. Besides this, can Mr. Way deny that he is in the habit of restraining all his assistants, by a bond or otherwise, from crossing his path in the field of practice, at or within a specified distance from Tunbridge Wells? Should his memory require renovation, let me remind him that the late house-surgeon (who was also formerly his assistant—a fact well worthy of note) was obliged, in consequence of the working of the same unworthy principle, to leave the neighbourhood after resigning the office, in order to practise some miles away. These facts may afford us the true version of the story, '*that the regulation has not been acted upon*,'—a species of forbearance for which the institution deserves little credit; for the house surgeons having been originally assistants of Mr. Way, they were by him shackled enough to prevent mischief. I shall merely add, after a careful perusal of the laws of the Dispensary, that the regulation said to have been adopted at its formation, is nowhere to be found among them,—an omission which, we may presume, would not have occurred, if the measure had been of a just and legal nature.

"Lastly, we have been told that not a single vote was solicited previous to the appearance of the advertisement. To this I may reply confidently, that several of the committee assured me, with expressions of regret, that their votes had been engaged by Mr. Way, in favour of his assistant, for a fortnight or three weeks before my application, which took place immediately after the public announcement. Any further comment would be superfluous.

"Frances Street, Tottenham Court Road,
Aug. 26, 1834."

A WESTMINSTER HOSPITAL CASE.

To the Editor of The Lancet.

Sir,—J. H., the servant of a medical man, was admitted into the *Westminster Hospital* on the 24th of July last, for a severe contusion of the ancle-joint, and fracture of the internal condyle of the humerus, under the care of Mr. Guthrie, who happened to be present on the patient's admission, but who did not then, and has not since, condescended to soil even the

tip of his finger by examining into the extent or nature of the injury. Since the patient's entrance he has not been seen by the surgeon under whose care he nominally is, excepting once, when, on passing the patient's bed, he stopped, *but for a moment only*, and, without examining into the extent of the injury, or making himself otherwise acquainted with its particulars, he contented himself with directing splints to be applied to the arm.

Since the patient's admission his sufferings have been intense, and the inflammation around the joint most extensive; matter has formed, and suppuration taken place externally; and all this without *surveillance* of the surgeon of the Hospital! Now this, Sir, seems to be a case of wanton inhumanity, of gross neglect, and one that calls for inquiry, for the public good. If such be the general practice of surgeons of the *Westminster Hospital*, how well calculated is it to defeat the benevolent ends of the charity, to lessen it in public estimation, and to deter unfortunate sufferers from entering within its walls! If a surgeon be necessary to such an Institution, surely this is a case demanding every necessary attention on his part, with the view of relieving the pressure of aggravated suffering, involving, perhaps, the life and happiness of a fellow-creature. I have the honour to be, Sir, your obedient servant,

CHIRURGUS.

London, 5th August, 1834.

*** This letter was authenticated, but mislaid, or it would have appeared before. —ED. L.

PRESENTATION OF A PIECE OF PLATE TO DR. CORDEN THOMPSON, OF SHEFFIELD, FOR HIS PUBLIC EXERTIONS AS A PHYSICIAN AND A MEDICAL REFORMER.

ON Monday, the 18th of August, a meeting of medical gentlemen residing in Sheffield and its vicinity was held at the Savings Bank, for the purpose of presenting Dr. CORDEN THOMPSON, of that town, with a piece of plate as a mark of their esteem. Dr. Harwood in the chair.—The Chairman, after congratulating the meeting on the numerous attendance, called upon the committee to explain to Dr. Thompson the cause of his invitation to meet his professional brethren that evening, when Mr. Boultbee rose, and addressing himself to Dr. Thompson, said, "Sir, —At a general meeting of the medical profession of Sheffield, held at the Savings Bank, on Wednesday, July 22nd, it was unanimously resolved, 'That this meeting feels called upon to pay some tribute of respect to Dr. Thompson, for his able advocacy of medical reform, and his exertions for the improvement of the profession in general.' A committee was accordingly formed for the purpose of carrying the resolution into effect, and, Sir, it is in consequence of the proceedings alluded to, that you have been invited to attend the present meeting."—Mr. Boultbee then enumerated with clearness and eloquence those objects for which the abilities of Dr. Thompson were chiefly exerted. He alluded to his labours "in the cause of medical improvement, his philanthropic efforts for the removal of abuses in public medical charities, and his strenuous support of the honour and dignity of the profession," and to other meritorious acts of Dr. Thompson, some of them in the following terms, abridged from a lengthened report of his speech contained in the *Sheffield Mercury*: "We have seen the manly and straight-forward manner in which you publicly denounced the great abuses which for years had existed in the noblest charity in Sheffield. Many of those abuses had long been notorious to the medical practitioners of the town; but it is very few that have the moral courage to attempt the uprooting of abuses supported by those who are in power. On another occasion, when the Profession in Sheffield felt themselves called upon to remonstrate with the governors of the Dispensary, on the great abuses of their charity by the admission of improper persons as patients, and showed that the Practitioners of the town were suffering a serious injury at their hands, you did not hesitate to lend your powerful assistance; and although the profession on that occasion was treated in a highly uncourteous manner, some good was effected by the exposure. Nor did you, on a subsequent occasion, withhold your aid when an institution to which you are attached was complained of—I mean the Infirmary; but used every exertion in your power to effect those reforms which were so urgently required. More recently, Sir, we have been indebted to you as our champion in the cause of medical reform, and the liberality of sentiment contained in the several resolutions prepared by you for the meeting which was held at Sheffield is truly honourable to you. You have ever shown yourself superior to the nominal distinctions existing in our profession, and openly supported the adoption of the only true distinction—merit. The early period at which the medical men of Sheffield declared their opinions on the subject of medical reform, and their appeal

to all members of the profession, urgently calling upon them to come forward with promptness to aid by every means in their power the promotion of a grand national medical reform, worthy of themselves and of the country to which they belong, was creditable to the body of practitioners in this place, and especially so to you as their leader. Sir, no sooner did the news arrive in Sheffield, that the medical officers of the Aldersgate-street Dispensary had resigned their offices than at your suggestion a public meeting of the profession in this town was called, at which was adopted a spirited address, prepared by you, to the late medical officers of that Institution; and the example thus set was speedily followed by the practitioners of the most important towns in the kingdom. The last circumstance to which I shall allude, is your becoming the first lecturer on the practice of medicine in this town. How successful you have been as a teacher we may judge by the high popularity which you enjoy among those pupils who have had the advantage of your instruction. Finally, Sir, the medical profession are indebted to you for aid on all occasions when reforms of abuses have been required, and upright and honourable conduct was to be encouraged. In consideration of these various circumstances, I now beg to present you, in behalf of fifty-one medical practitioners residing in Sheffield and its vicinity, with this piece of plate."

The plate having been presented,

Dr. THOMPSON replied in a very appropriate speech, accepting the gift, and expressing his sense of the feeling thus evinced towards him by this great body of his medical brethren, assuring them, in conclusion, that he should ever labour to correct abuses, and advance the usefulness, respectability, and dignity, of the profession.

The plate, which is very massive, consists of a waiter or plateau, with a rich ornamented edge or mounting, lying upon an antique swage, with the bottom richly chased, and the inscription surrounding.

*** The just and appropriate eulogy passed on the members of the profession in Sheffield, by Mr. Boulthee, has our cordial concurrence. The medical practitioners of that town possess a character for spirited and energetic conduct in favour of the best interests of the profession, which has not been attained by any isolated body of medical gentlemen in or out of the metropolis, and they have been well incited to action by the judicious and excellent example of Dr. Thompson. When the history of medical reform is written at some future time, the first and most honourable mention will have to be made of Sheffield, as the residence of a great body of medical reformers.—ED. L.

HOPITAL LA PITIE, PARIS.

EXCISION OF A POLYPUS SITUATED ENTIRELY WITHIN THE CAVITY OF THE UTERUS.

THE following case is an example of one of those bold and successful operations which, from time to time, may be witnessed at the hospital of *La Pitié*, in the service of M. Lisfranc.

The inconveniences and dangers resulting from uterine polypi are sometimes so great as to render an operation imperiously necessary. In the latter case, when the tumour is situated in the neck of the uterus, or within its cavity, provided, however, it has descended through the os tincæ into the vagina, all surgeons are agreed upon the propriety of removing it at once. English accoucheurs, following the precepts of Smellie and Denman, invariably employ the ligature. French surgeons, on the contrary, are in the habit of extirpating polypi with the bistoury or scissars; and were we to judge from the cases which we have witnessed in the practice of M. Dupuytren and Lisfranc, we should say the operation is attended with none of the inconveniences on account of which it is excluded from English surgery. If we remember right (for we are compelled to speak from memory), the precepts of Denman, Burns, Gooch, &c., on the extirpation of polypi, are confined to cases where the tumour has descended either totally, or in good part, within the cavity of the vagina; they do not mention the operation as being applicable to cases where the polypus is perfectly inclosed within the uterus; indeed, a case of this kind is quite beyond the reach of the ligature as employed by English accoucheurs, and they may therefore be excused for not having noticed it.

Herbineau was the first who had the boldness to attack a polypus above the os uteri, in a case where the orifice of the neck was only partially dilated by the tumour; but what is to be done where the polypus is perfectly inaccessible, situated so high, that the finger can barely reach its base, while the patient is worn down and exhausted by frequent loss of blood, pain, and general irritation?

Authors are silent on this point; the ligature is evidently impracticable, nor do we know that any one before M. Lisfranc has had the boldness or good fortune to

extirpate a polypus of the uterus under such circumstances.

Case.

Madame Klet, forty years of age, was delivered of her second child six years ago. About ten months afterwards she commenced to experience pain in the loins, with a dragging sensation and weight in the pelvis. The menses were not deranged in the beginning, but were accompanied by unusual pain, and, finally, terminated in a fluor albus. These symptoms gradually increased, and about four months back sharp pain was felt in the pelvis, extending to the lower extremities; the woman lost a great deal of blood, and very frequently the uterine pains assumed the character of labour pains. The strength now gradually gave way; the patient's complexion became yellow, and she was reduced to the lowest state by want of sleep and appetite; at this stage of the disease M. Lisfranc was called in. The presence of an uterine polypus was recognised by touch to be as large as a hen's egg; it was completely contained within the cavity of the uterus, about an inch above the os uteri; the neck of the organ, tumefied and dilated as in pregnancy, permitted easily the introduction of one or even two fingers; the polypus was hard to the touch; its pedicle could be reached on the right side and in front, but behind and on the left the finger could not reach it. The state of the patient rendered an operation necessary; but before performing it, M. Lisfranc prepared the patient (as he is in the habit of doing on most occasions) by general baths, injections, emollient clysters, rest, and diet. The effect of this treatment was soon manifest. During the fifteen days which preceded the operation, the pains diminished, the hemorrhage was arrested, and the woman recovered a little strength.

On the 11th of Aug. M. Lisfranc proceeded to operate in the following manner:—The patient was placed in the position for lithotomy. M. Lisfranc introduced his double-branched speculum into the vagina, exposed the neck of the uterus, and fixed a hook in the anterior lip of the os tincæ; the speculum was now withdrawn; the patient barely complained of a very slight pain; the hook was drawn gently toward the vulva, while an assistant passed his hand on the hypogastric region. In less than two minutes the lip was drawn down to the orifice of the vulva; it appeared pale, thick, and very resistant. As the posterior lip had not followed this movement of descent, a simple hook was implanted in it, by which it was brought down on a level with the anterior one. The finger was now introduced into the cavity of the uterus, but the operator found that the traction had acted merely on the neck of the uterus, and that the polypus was situated nearly as high up as before. M. Lisfranc now endeavoured to place a ligature of silver wire round the pedicle, with Levret's instrument, but could not succeed; he then drew down the polypus with a hook, but was as unsuccessful as before; twice the operator thought the ligature well placed, but when tightened the wire either broke or slipped aside. Another attempt, with Desault's instrument, also failed.

Under these circumstances M. Lisfranc regarded the ligature as impracticable, and resolved upon excision. After frequent tractions with a hook, the base of the polypus was brought down as far as the vulva; but the only point of its pedicle which the finger could reach was still more than two inches up. Long flat curved scissars were guided along the left indicator towards the point, which was divided: it gave great resistance. The pedicle was thus partly detached; and the surgeon carried the scissars to the other side, cut into the body of the polypus, and then made use of a bistoury, with which he finally succeeded in removing about half the tumour (at least it was presumed to be half). Some small fragments were removed by the scissars; but as the finger could not reach the pedicle on the left side, M. Lisfranc renounced all further attempts, leaving this portion to be destroyed by the subsequent suppuration. The patient bore this long operation with the greatest fortitude. From the introduction of the speculum to the termination, more than an hour elapsed, during which nothing but a little serous blood was lost: there was no hemorrhage whatever.

The patient was now carried to bed. The most severe pain which she experienced had been caused by the dragging of the uterus. After a few minutes' repose the abdomen was examined: it was sensible to pressure; but with this exception, the patient experienced nothing but a dull pain, rising from the hypogastrium to the loins. She was bled at once; two assistants were left with the patient, to watch the appearance of any accident; and she was ordered an opiate draught every hour, a cataplasm to the abdomen, an emolliient lavement, and absolute diet.

A second general bleeding was practised six hours after the former one. The belly was painful, and disturbed with gas; on the discharge of which there was a manifest diminution of the pain. A bloody serous fluid was discharged by the vagina: in the evening the pulse was 110. The

patient passed a good night, and slept two hours: in the morning, pulse 86, belly indolent. The same treatment was continued during three days; after which the patient was allowed a little chicken-broth, and soon returned to her usual diet. After the second day the discharge from the vagina became fetid, and portions of the tumour remaining were brought away. The fetidity was combated by emollient injections every two hours. On the 17th of August (sixth day after the operation) the fetidity of the discharge had disappeared: on the 11th M. Lisfranc touched the patient: the uterus had assumed nearly its ordinary volume: the neck, still engorged and open, permitted the finger to pass through it; but nothing anormal was found in the uterine cavity. A white discharge still continued; and on the next day the patient was able to walk about, merely feeling some sense of weight in the pelvis.

*** We extract the foregoing case and remarks from the *Gazette Médicale*. The most remarkable feature of the operation is the length of time (an hour) during which the uterus was forcibly retained in an unnatural position, without the production of any of those inflammatory accidents which we might naturally expect to result from long-continued violence. This may perhaps be accounted for partly because the traction acted more in displacing the neck of the uterus than the whole organ; and partly from the effects of the anti-phlogistic treatment employed by M. Lisfranc to *prevent* the development of inflammation. This is a favourite theory of the surgeon of *La Pitié*; and, in practice, is certainly attended with very beneficial results. Peritoneal inflammation was evidently prevented from being developed in the present instance, not only by the preparatory measures, but by the small bleedings practised immediately after the operation: and we have known M. Lisfranc succeed in curing cold abscess of an enormous size by simple incision, taking care to prevent the inflammation of the walls of the abscess (which is the cause of all the accidents) by abundant local abstraction of blood.

The length of the operation must be attributed principally to the time lost in vainly attempting to apply the ligature. Had M. Lisfranc decided on excision from the beginning, it probably would not have exceeded a few minutes.

ST. GEORGE'S HOSPITAL.

FEMORAL HERNIA.—OPERATION.—DEATH.

A man was admitted July 20th, during Mr. Brodie's accident week, with symptoms of strangulated hernia; the bowel had been down for a week, and he had had no fecal evacuation during that time, and when admitted in the afternoon there was stercoraceous vomiting from the stomach. Mr. Brodie was sent for, and on his arrival finding the symptoms thus urgent, he determined at once to perform the operation. No pupils were present, therefore, as Mr. Brodie would quaintly observe, none witnessed it, and the only account we have gathered of it has been from that gentleman's own lips. The man stated, on his admission, that he had a double inguinal hernia, but it was evident that a fresh portion of bowel had come down, forming a femoral hernia, under the symptoms of which he then laboured. The operation was therefore performed; the parts about the sac were much swollen, so as to render it difficult to distinguish the fascia covering the sac from the sac itself. Upon cutting into the sac the strangulated portion of the bowel was found adherent to the upper and anterior portion of it, by recent but tolerably firm adhesions; these were broken down, but when the stricture was divided, the portion of the bowel nipped by it remained contracted, and did not enlarge again to its natural diameter. But little fluid was found in the sac. The man was sent back to bed, and purgatives were administered of colocynth, calomel, and croton oil, which relieved the bowels copiously eight or nine times. On the following morning he was bled; the blood was buffed and cupped, and at 1 p.m. we saw him for the first time. His countenance was anxious; his pulse small and jerking, and there was much pain over the abdominal region on pressure. Mr. Brodie's diagnosis of the case was unfavourable, and he ordered the man to be again bled in the evening if he should require it. He died on the following morning at 8 a.m.

Post-mortem Examination thirty hours after death.

The convolutions of the intestines from the stomach to the seat of stricture were enlarged beyond their natural diameter, and inflamed in patches along their lateral margins, where the membrane of the peritoneum was reflected over them. The knot of strangulated bowel was about the size of a large walnut; the intestines be-

low the stricture were healthy; the thorax and cranium were not opened. Mr. Brodie then addressed the following remarks to the gentleman present:—

"This man was admitted a few days since with symptoms of strangulated hernia. They were very urgent, and I performed the operation immediately. He said he had a double inguinal hernia; but it was evident that a fresh portion of the bowel had come down and caused all the symptoms which he then laboured under. (Having enumerated the various steps of the operation, and the remarkable points connected with it which we have given above, Mr. Brodie continued.) When I saw the patient, the day after the operation, I did not think he would recover; for we all know that the danger of any accident is proportionate to the length of time it has occurred; and a week is a long period of time for a portion of bowel to remain strangulated. Now, in cases of hernia there are three different portions of intestine affected in three different ways. First, you have the portion of the bowel between the strictured part and the rectum; this is in its natural state, is totally independent of the strangulation, and has nothing to do with it. Secondly, you have the strictured portion of bowel; now this may be gripped by the stricture, and is always so, of course, and may be nothing more; the grip, however, may be so tight as to impede the venous circulation in the part, and it becomes black, but nothing more; or it may be tighter still, and impede both the venous and arterial circulation in it, and it becomes black and swollen; and, if left long thus, it may become sphacelated and die. Whenever I operate for hernia, my diagnosis is not always directed by the appearance of this strangulated portion of the bowel; if it be positively dead, why then no hopes can be entertained; but any appearance short of this never influences me. Then, thirdly, there is the portion of intestine between the stomach and the strangulated part. Now this is the part which receives the food first from the stomach; the patient eats and drinks as usual; the secretions from the liver and the mucous glands of the bowels go on as usual, and this upper part of the intestines becomes enormously loaded with a collection of matter which stops in it but cannot pass beyond it. The peristaltic action is, of course, stimulated and increased to an unusual degree, bringing on irritation, inflammation, and gangrene, as I have seen in one case. The bowels lose their tone, energy, and eventually their power of contraction, and purgatives do not act because they cannot restore the natural stimulus to the parts. I told you that in this case the strictured portion of the bowel was so nipped that it did not expand upon the stricture being set free; you see, however (showing the portion of strictured bowel), that it has done so since. I remember, however, a case contrary to this. A man was admitted twice into the Westminster Hospital for strangulated hernia, and he was discharged, as the surgeons of that hospital thought, cured. He was attacked a third time with symptoms of strangulation and came in here, but no hernia or protrusion of bowel could be detected. Eventually he died, and on examining the body after death, it was found that there was a stricture of the intestine, barely large enough to admit a probe passing through, at the spot where the original stricture from the strangulated hernia was situated. This man's death can hardly be said to have been caused by the inflammation of the serous membrane of the bowels above the stricture, as, indeed, that is slight and only in parts. I have seen it run to a much greater height than this, and the patient recover. I suppose we must ascribe it to the length of time that the hernia had been down, and the consequent shock to the nervous system occasioned by it.

POLYPUS OF THE UTERUS.

A woman named Sarah Filby was admitted under Mr. (now Sir Benjamin) Brodie's care, for an affection of the uterus, of which neither the patient herself nor her attendants could give any account. A few days after her admission she was examined by Mr. Brodie; who, after carefully and cautiously manipulating the parts, stated the case to be one of tumour connected with the uterus, but that he could not feel the margin of the os uteri. He also endeavoured to draw down the tumour with a pair of forceps, but unsuccessfully.

July 31. Mr. Brodie having placed the patient on the edge of the bed, drew down the tumour forcibly with a pair of forceps; and having done this, he introduced a strong ligature on two directing canules, and tied it round the neck of the tumour.

Aug. 1. But little irritation has followed the application of the ligature which was tightened to-day.

4. Mr. Brodie, in endeavouring to tighten the ligature, drew it away, it having evidently rotted. He remarked, that most probably the neck of the polypus was cut through; as he had known a ligature come away in the course of a week in a case of much larger polypus than this. The general opinion expressed

by those who saw the ligature applied in the first instance, and who saw it come away to-day, is, that the neck of the tumour is not cut through, and that the twisted silk ligature (which was the one applied) was not strong enough. The patient's general health keeps good. The circumstance of the ligature not being strong enough was noticed to Mr. BRODIE by Mr. BABINGTON at the time of its being applied, but no attention was paid to the notification.

10. A fresh ligature was put upon the canules by Mr. BABINGTON (Mr. BRODIE not appearing able to do it himself) with a view of applying it again. Before doing it, however, a pair of forceps was introduced, and the tumour being found loose was drawn away, and the knot of the ligature (which had not rotted) with it. The polypus had shrunk, we should suppose, to half its natural diameter and size, and was putrid.

DEATH OF THE MATRON FROM CHOLERA.

The first case of the epidemic cholera occurring in the Hospital this year has been in the person of the matron, Mrs. Martha Read. She had been labouring under a slight attack of diarrhœa for some few days, for the relief of which she was treated with the usual remedies by Mr. HUTCHINS, the apothecary. On Thursday the 28th, the affection rapidly increased, and all the symptoms of confirmed cholera soon set in. Mr. HUTCHINS now called in Dr. WILSON, who prescribed small doses of calomel and opium, and at the express wish of the deceased, Mr. KEATE was sent for from Windsor, and saw her on the morning of the 29th, but the disease did not abate, and in the course of the day she died.*

On Sunday, the 31st, and Monday, the 1st of September, several of the patients in the Hospital were affected with severe diarrhœa. The hospital porter was seized with the same symptom, and in the person of one of the night nurses the symptoms were so severe as to induce the belief that they would speedily run on to confirmed cholera. On the following day, however, both these patients were better, and a fresh case (in the person of one of the surgery-men) was added to the list.

These latter cases (slight as they have been) would, we should hope, prove sufficient to induce the house committee to postpone the painting of the hall of the Hospital until some more safe opportunity. At present there is a strong current of air through the ground floor of the building, which is loaded with the vapours of paint and turpentine, than which we can suppose nothing more deleterious to the mucous membrane of the stomach and bowels at this season of the year.

* She was the widow of the late Mr. Read, formerly a surgeon in Chelsea, and had held the situation but 14 months.

EXPENDITURE OF THE DUBLIN COLLEGE FUNDS ON DEPUTATIONS TO LONDON.

To the Editor of THE LANCET.

SIR,—Perhaps you who have such universal knowledge of all things could inform me, whether the report be true that our deputies from Dublin to the Parliamentary Committee have sent into the College their several bills, to the amount of a thousand pounds; and if they have, for what? For endeavouring to *influence* the legislature in favour of their collegiate abuses? Have the College sanctioned such a thing, or will they? Are they mad? Does not this look very like a scramble for the College funds? Has there been any analogous expenditure by the other colleges, or has the legislature been left *uninfluenced* by *them?* Have they fared the worse for it? Is this a *legal* expenditure of our funds? Some say not. If not, is not the treasury committee answerable for any unjust outlay of college money? Harrison, they say, has netted 500*l.* this year by deputations alone. Enlighten us a little on these topics, and you will oblige,

Yours, X. Y. Z.

Dublin, Sept. 2.

P. S. How many days was each witness under examination? People will have it that they were paid for attendance on the Committee when regaling themselves upon white bait at Greenwich.

RESUSCITATION OF AN INFANT.—Mr. J. T. BATTEN, of Tooley-street, has forwarded to us the following particulars of his treatment of an infant which had lost all signs of vitality for a space of nearly half an hour directly after its birth:—"Mrs. R. gave birth to the child on the 4th inst. She had previously had three children, each of which, born between the eighth and ninth month, had expired at birth, under similar circumstances, having, however, been left without any efforts at resuscitation. On this occasion," says Mr. B., "my determination was to act with the greatest care, so that the chord was not tied until the infant had cried powerfully, and its maternal pulsation had ceased. It was at this period that vitality seemed to cease. The moment placental circulation stopped,

the crying rapidly lost power: presently respiration failed, and animal heat receded, so that just three minutes after birth every symptom of animation subsided. The skin was of a cadaverous aspect, while the surface of the body was quite cold, and the heart and lungs were left without a vestige of impulse. I first applied friction to the chest by means of gin, which happened to be in the room; and having directed it to be wrapped in flannel, and instructed the nurse to procure hot water, my next step was to inflate the lungs; which, having no convenient apparatus at hand, was effected by my mouth, but with a result entirely fruitless so far. A warm-bath was now formed, of the temperature of my own blood, in which the child was immersed; and the fat-like matter being washed from the surface of its body, artificial respiration was again resorted to; this was easily effected, as just described, during the pressure of the fingers upon the œsophagus and nostrils,—of course alternately emptying the lungs by a similar process. But nothing seemed of any service; and a quarter of an hour had now elapsed since the signs of life had subsided. As some dilute gin had already been administered, half a teaspoonful of strong gin was now passed into the stomach; and having introduced my finger upon the epiglottis, which seemed to rest in a rather tenacious manner in its situation, and raised its apex a little, artificial respiration was again persevered in; when, to my surprise and satisfaction, signs of returning life showed themselves. The surface of the thorax and the lower extremities seemed to resume their natural colour, animal heat gradually returned, and an occasional movement supervened. Twenty-five minutes had now elapsed, and a full space of half an hour had passed before the vital functions were decidedly restored."

ARREST OF VOMITING.—Mr. Richard Baylis, of St. John-square, M.R.C.S., has addressed a letter to us on this subject, in which he says,—"I beg to offer to your notice a simple but effectual mode that I have followed for nearly forty years in the treatment of cholera morbus (and which not in one case has failed), hoping and believing that if pursued by my medical brethren, to arrest the vomiting attendant on the malignant cholera, they will find it equally beneficial. It consists of the effervescing draught, but given in a *different manner* to that which is usually employed, and on this mode of administration *depends its virtue*. I dissolve one scruple of the subcarbonate of potash in an ounce of peppermint-water, with one drachm of the tinct. of catechu, one of simple sirup, and ten drops of tincture of opium, for the *alkaline* draught. I then dissolve eighteen grains of citric acid in an ounce of water for the *acid* draught. The alkaline is poured into one glass, the acid into another, when the patient is directed to take a glass in each hand, swallow the alkaline, and the *instant* the glass is from the mouth swallow the acid. Thus the extrication of carbonic acid takes place entirely *within the stomach*. If this be *ejected* I repeat the dose within an hour, and I solemnly assure you that in the course of an extensive practice I know but two instances which required a third dose (which was repeated two hours after the second) without the vomiting being entirely suppressed; the one was a most violent state of common cholera with spasms, the other a decided case of the malignant. After the vomiting has ceased I repeat the medicines every six hours, for a few doses, in the common way, urging the patient to drink it the instant the ebullition commences. It appears to me that the carbonic gas has the power to render inert some morbid secretion in the stomach, and that therefore the extrication of gas should wholly take place there. In the vomiting attendant on bilious colic, inflammation of the stomach or bowels, strangulated hernia, and injuries of the head, I have used it with equal success, and regard it as my sheet anchor. In cases where no purging exists, of course I omit the catechu. I hope other practitioners may be induced to follow my manner of administering the effervescing draught.

"August 25th."

GASES IN THE BLOOD.—TREATMENT OF CHOLERA.—I beg to refer the readers of THE LANCET to vol. i. for the year 1832-3, page 209, in which the following words occur:—"I also charge the water with the protoxide of nitrogen, being what I considered the best way of conveying into the circulation a quantity of oxygen, to counteract the baneful effects of the free carbon discovered by Dr. Clanny in the cholera blood. THOS. LATTA. Leith, Oct. 29, 1832." I presume the late Dr. Latta means *excess* of free carbon in this paragraph; and therefore, in the artificial serum which he employed he used, with good effect, the protoxide of nitrogen.

In accordance with the proof which I gave in my last paper in THE LANCET, that oxygen and nitrogen gases circulate in our veins, I intend to throw into the

veins of the inferior extremities, in cases of cholera collapse, a supply of artificial serum, with a suitable proportion of atmospheric air; and, perhaps, if the blood be not too much drained of its serum from previous vomiting and purging, I may be inclined to throw into the veins, in a gradual manner, a sufficiency of atmospherical air; and I have no doubt that much good must result from this warrantable practice. Fortunately for Sunderland and its vicinity, we are at present free from this frightful epidemic.

W. Reid Clanny.

Sunderland, Aug. 27, 1834.

Colchicum in Cholera.—*To the Editor of* The Lancet.—Sir,—Having found the accompanying prescription successful in eight consecutive cases last year, and in every case in which I have had an opportunity of administering it this autumn, in which brandy or opium had not been previously given (being fifteen in the incipient stage, and seven perfectly collapsed), I trust there needs no apology for requesting you to lay it, together with the following cases, before your readers.

Prescription.

℞ *Vin. Sem. Colch.* ʒij;
Mag. Sulph. ℥ij;
Inf. Rosæ ℥iij, ʒvj. M.

Two tablespoonfuls of the mixture every half hour.

I remain, with much respect,
Your obedient servant,
Thomas Young Cotter.

12, Hayes Place, Lisson Grove,
Aug. 27th, 1834.

*** We publish Mr. Cotter's note and the prescription, and add, that the cases related were, from the symptoms detailed, cases of malignant cholera, and that recovery followed the treatment; but we have not room at the present season for their insertion.—Ed. L.

Emetics of common salt in cholera.

During the period in which I held the office of surgeon to the Cholera Hospital at Stonehouse, in 1832, I experienced many conflicting feelings on witnessing the recovery of numerous cases of cholera without the use of any internal remedy, and others, again, in which the patients died, notwithstanding the use of every plan that had been submitted to the profession, and thus after passing through this perilous duty in safety, my mind was a perfect chaos, and I could not resolve upon any plan of treatment with satisfaction or confidence. When, then, a few cases appeared in the autumn of last year, I was almost in despair, and being thus led to review the notes I had made of my treatment on its first visit, I found this important fact presenting itself,—that in *every case that recovered* I had employed *common salt*, avowedly, it is true, as an *emetic*. In many instances it did not act in this way, and when retained was much more beneficial to the patient. This circumstance suggested its employment in three cases which next presented themselves. With regard to the *modus operandi* of the salt, I cannot for a moment believe that vomiting alone is its only effect; for if we examine these cases, it will be found that the solution *was retained* by the stomach, and the more frequently it was repeated, the more apparent and permanent was its *influence*. From Mr. Beaman's own statement it will be seen, that unless it be followed up, and the solution is quickly repeated, a relapse ensues, and thus far we agree. I think, Sir, that the communication of Mr. B. is one of the most important that has been laid before the profession, and it affords me much pleasure to confirm his statement, adding my testimony to a free use of this valuable remedy.—*From a letter, dated Sept. 1st, 1834, addressed to the Editor, by Mr.* Burrows, *of Stonehouse, late Surgeon to the Cholera Hospital in that town, but whose communication reached us too late for insertion entire in our present Number.*—Ed. L.

West Indian Remarks on the Rice and Cholera Question.—The late periodicals mention the attention which has been attracted throughout Britain, by the disclosures of Dr. Tytler, relative to the production of cholera by using diseased rice as an article of food, which was first made public by the discussions that took place at the *London Medical Society*, and which have been very fully given (from The Lancet) in the pages of this journal. Our opinion has already been recorded, and we feel proud in being confirmed in it by the most enlightened physicians of the day. Should these *facts* be established, and we have every reason to conclude they will be, our Board of Health may retire from their labours, and enjoy the pleasure which many have done before them, of having exerted themselves for the public good.

By what means has Jamaica been saved from the scourge which has caused such devastation over so large a portion of the world? How have we escaped from the pestilence, whose appearance has ever been the forerunner of

death to thousands? What, if we were able to answer, "Because we have had no DISEASED RICE in Jamaica?"—*Jamaica Physical Journal*, April 5, 1834.

MEDICAL REFORM IN JAMAICA.—Medical reform is all the cry in England. How strange it is that Jamaica should ever take the lead of the mother country, in extending with liberality her various institutions! Thus the political disabilities of gentlemen of the Hebrew nation were disallowed—the trammels which prevented them from attaining posts of honour and respectability were laid aside, and the talented of that nation are now eligible to the highest offices of trust.

Now, while our professional brethren in England are eager for reform in their medical institutions, Jamaica has already afforded them a glorious example in incorporating all who, at the present time, are in practice, into one body politic. The physician, surgeon, general practitioner, and apothecary, all who enter and enrol themselves Fellows of the College of Physicians and Surgeons, according to the conditions of the Act, are placed upon the same footing, and no difference of rank can exist. The Act for establishing a College of Physicians and Surgeons in Jamaica, holds out a great inducement to young men to enter it, more particularly those who are not in possession of a diploma from some of the recognised colleges in Britain, as it at once confers upon them that appellation for which years of application are required in the mother country. Not that we would have them believe, that it is only requisite they should appear and tender a certificate that they have been in practice. An examination is required to show their proficiency, but it matters not how that proficiency has been attained, provided it is approved of by the president and censors. —*Idem.*

MEDICAL CHARTER.—(*From a Correspondent.*) It is no small proof of the progress of liberal opinions, that the *Medico-Chirurgical Society* have, *without opposition*, obtained from the present Government a charter of Incorporation. In due time the history of the intrigues by which an application for a similar charter was defeated under a Tory administration will be made public. The facts came out before the medical committee, and are recorded in the evidence. The President of the College of Physicians was the chief opponent of the Society, and his reasons for interfering were grounded on an impression that his College would in some way be affected by the existence of a chartered medical Society which held its meetings so near his own door.

EMETICS IN CHOLERA.—Mr. GODRICH, of Chelsea, has addressed a letter to us this week on the treatment of the cholera. We have room in this Number but for one sentence:—"In confessing (says Mr. G.) the value of an early and free repetition of emetics, which I do most readily, I trust that no one will rest his only hope on the benefit derivable from their administration, for in no one case have I yet seen a cure performed by emetics only, however freely they may have been given."

CORRESPONDENTS.

Librarius.—Little or nothing can be objected to in the contents of the book. To be sure, it is, like a majority of similar productions, vilely written, the style being the Bœotian. Excellent advice, however, may be couched in very rough language, though we are sorry day after day to see such scandal cast upon the literary character of the medical profession by the carelessness of its well-educated members when they flourish the pen.

Delta.—Our poverty of space, and not our will, consented to the former exclusion. We have done our best now, and are desirous of meeting the wishes of our correspondent. Perhaps an impression, founded on a belief that those interests which the "lethargic" and "apathetic" themselves neglect, will be taken good care of in another quarter—better care of than *Delta* seems to suspect—operated on our mind at the period of his former communications. We still entertain this impression. However, the flame shall not need feeding while we can by any means find elbow-room for the bellows-blower. His letter is admirable. The letter of September 2 has reached us.

Mr. Bew's letter has reached us.

Mr. Thomas's action presented no new feature. Such a fact as that proved by the Chevalier Ruspini, would have decided the verdict in the case of any such trial.

O. P. Q. (Bond Street) may visit and prescribe, but he can have nothing to do personally with the dispensing, nor can he recover any charge for medicines.

ERRATA.—In Dr. Clanny's paper, page 756, col. 2, line 4, *for* cupped *read* capped.—Page 757, col. 2, line 22 from bottom, *after* iron *insert* metal.—Page 759, col. 2, lines 21 and 24, *for* trace *read* trace; line 32, *for* fluid *read* analysis. Other errata mentioned by Dr. Clanny are unimportant, and are, moreover, as well as the above, *all* of them the errors of his amanuensis, who is, by-the-by, a most careless fellow